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**A STUDY OF THE CAUSES OF DRUG ABUSE AMONG
STUDENTS IN SELECTED SECONDARY SCHOOLS IN
KISUMU MUNICIPALITY, KENYA.**

**BY
ALICE MASESE**

**A Research Project Submitted in Partial Fulfilment of the
Requirements for the Degree of Master of Education in
Educational Foundations**

UNIVERSITY OF NAIROBI

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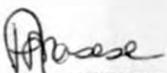
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Declaration

(a) Declaration by the Student

This is my original project for Master of Education. It has not been presented for a degree in any other university.



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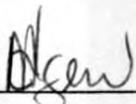


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ALICE MASESE

(b) Declaration by the Supervisor

This research project in Master of Education has been submitted to the university with my approval.



Signature



Date

LEWIS NGESU

Abstract

Dedication

This study examines drug abuse among secondary school students in Kano & Metropolis. It sought to find out the reasons why students abuse drugs.

The sample was drawn from 10 public secondary schools. 18 form four students were picked randomly from each of the 10 schools. 10 Head teachers and 10 Heads of Departments of Guidance and Counselling (from a vocational) also participated in the study.

Data for this qualitative study were collected using a questionnaire which had both open and close ended questions. The data collected was analysed using the Blaauw's Hallucinogen Scale (BHAS).

To my children

The findings disclosed that you abused drugs for varied reasons and commonly abused drugs include; hashish, blouse, minx, benzodiazepine and Ecstasy.

Roy

The majority of respondents agreed that students abuse drugs because of peer pressure. They also opined that parents should abuse can be reduced through strict monitoring by parents and people in authority.

your unwavering love and support.

The study recommends that guidance and counselling be strengthened in schools to curb drug abuse among students and that strict disciplinary measures be enforced by teachers to curb the vice. Religious groups are also urged to join emphasis with the government should take stern action against drug manufacturers, dealers and consumers.

Abstract

This study focused on drug abuse among secondary school students in Kisumu Municipality. It sought to find out the reasons why students abuse drugs.

The sample was drawn from 10 public secondary schools. 15 form four students were picked randomly from each of the 10 schools. 10 head teachers and 10 Heads of Departments of Guidance and Counselling (one from each school) also participated in the study.

Data for this qualitative study were collected using a questionnaire which had both open and close ended questions. The data so collected was analysed using the Statistical Package for Social Sciences (SPSS).

The findings indicated that students abused drugs for varied reasons and the commonly abused drugs were alcohol, bhang, miraa, tobacco and Kuber.

The majority of respondents believed that students abused drugs because of peer pressure. Respondents were in agreement that curbing abuse can be achieved through guidance and counselling by peers and people in authority.

The study recommends that guidance and counselling be strengthened in schools to curb drug abuse among students and that strict disciplinary measures be enforced by teachers to curb the vice. Parental guidance on drug abuse is also emphasized and finally the government should take stern action on drug dealers who avail drugs to the students.

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Finally the author would like to absolve all individuals mentioned in this research for any errors of omission and/or commission or any interpretational errors. For these, the author remains solely responsible.

To all I say may God bless you abundantly.

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List of Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome.
BOG	-	Board of Governors.
DEO	-	District Education Officer.
HIV	-	Human Immuno-Deficiency Virus.
HODs	-	Heads of Departments.
LSD	-	Lysergic Acid Diethylamide.
ME	-	Ministry of Education.
NACADA	-	National Agency for the Campaign against Drug Abuse.
PTA	-	Parents Teachers Association.
WHO	-	World Health Organization.
CCTV	-	Closed Circuit Television

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

There may have been a time when we in Kenya considered the use or abuse of drugs as a problem relating only to the western world. Today it has become an African problem to the extent that a month hardly passes without media reports on large quantities of drugs having been intercepted in a number of African cities and towns.

Africans are now using drugs to various degrees with the effect being felt on their lives at home, at work or at school. The better we understand the causes of the abuse, the more efficiently we will be able to combat instances of drug abuse.

Along with other developing countries in Africa, Kenya has lately been experiencing a rapid increase in production, distribution and consumption of multiple drugs of dependence. The consequences of such spread have become an issue of concern. Even though the magnitude of crisis has apparently not reached that of developed countries, the scene calls for urgent measures for preservation Kombo (2005).

The increase in drug use in Kenya has been attributed to the ever growing state of lawlessness among the youth in schools and higher institutions of learning. The unrest and indiscipline has been tentatively linked with the increase in production and use of alcohol, bhang and hard drugs such as cocaine, heroin and *mandrax* which are imported to Kenya through illicit trafficking.

The increase in drug taking among young people incorporates all levels, and what began as the use of drugs in African traditional society for social relations evolved over time into a problem of dependence and abuse and is of great concern, Kerachio (1994).

The use of drugs in Kenya is not a new issue. Alcohol and cigarettes have existed for as long as recorded history. In traditional African

societies many deals and pacts were sealed by elders taking snuff or beer. Furthermore, a lot of the pharmaceutical knowledge that exists presently began from earlier herbal use. However while drug use had a special purpose in the traditional set up, in contemporary day society drugs have often been abused. Not only is there a significant rise in the number of students that are turning to drugs as a means of escape from problems of life and the challenges of education, but drug abuse has also been associated with escalating strikes, truancy and dropout cases in school.

Kenya's reputation is at stake because it is regarded as the conduit between producers in Pakistan, Afghanistan, Colombia and consumers in the west. Kenya is also among four African nations that feature prominently on the global anti narcotics map (Daily Nation, 2003). In addition to this, Kenya risks being overpowered by an international network of drug peddlers. There are also some Kenyans whose vast riches can be linked directly to drug trafficking. These are the people who can go to any extent to ensure strategies towards the elimination of drug trafficking and selling fail, Kombo (2005).

In learning institutions, the problem of drug abuse is acute. In a baseline survey carried out in Kenya in 2002 it was found that more than 22.7 per cent of primary school children, 43.8 per cent of secondary and 68.5 of university students in Kenya were taking alcohol, National Baseline Survey (2002).

Table 1: Institution Type and Drug Use

Institution	Alcohol	Tobacco	Bhang	Miraa	Inhalants
Primary	22.7%	2.2%	1.6%	5.3%	2.1%
Secondary	43.8%	6.2%	7.1%	22%	8.7%
University	68.5%	10.2%	7.6%	30.9%	5.6%
National polytechnic	60.7%	11%	11%	26.1%	
Other institutions	47.1%	9.3%	8.5%	21.8%	4.7%

Source: *National baseline survey on drugs and substance abuse among the youth in Kenya, October 2002 (unpublished report).*

Table 1 depicts a worrying trend of secondary (43.8%) national polytechnic (60.7%) and university (68.5%) students' alcohol use. This may be interpreted to mean that in Kenya, an important human resource is turning to alcohol.

Increased school unrest, dropouts, absenteeism and indiscipline occasioned by drug use undoubtedly affect student performance.

The scope of drug abuse today has begun to be realized. Drug abuse has become a global epidemic currently threatening the survival of man on this planet. During the international day against drug abuse and illicit trafficking on June 26th 1992, United Nations Secretary General, Boutrous-Boutrous Ghali stated:

Drug abuse has escalated dramatically in recent years. Most drug abusers are young, poor or both. No nation is immune from the devastating consequences of drug abuse and illicit trafficking, on upsurge in crime, violence and corruption, the destruction of the individual families and entire communities and undermining of national economic. Another consequence, one with intravenous drug abuse, is the high risk of spreading AIDS.

Amayo and Wangai (1994) noted that trafficking of drugs had not spared Kenya and that drug consumption and dependence among secondary and college students had led to unrest and wide range of

destruction of life and property. They identified such drugs as heroine, cocaine and *mandrax* as having influenced the total learning behaviour of students.

Many schools in Kenya have experienced student riots whose main causes range from shortage of facilities, high handedness of the school administration and above all drug influence (Odero, Daily Nation March 7, 1998:15).

Drug abuse has been blamed for the many strikes in schools by students that rocked Kenya in recent times. Varied drugs such as tobacco, bhang, glue, *kumi-kumi* (dangerous local brew that costs ten Kenya shillings) and others listed by the National Agency for the Campaign against Drug Abuse (NACADA) are readily available.

In Kisumu a task force on student discipline and unrest in secondary schools was informed that a substance by the trade name "Kuber" (an Indian drug placed between the lower lip and the gums and inhaled) was available in the local supermarkets and kiosks within the municipality and the students who chew the substance felt "high" because its effects were instant and stronger than the effect of bhang. (Report on the task force on students discipline and unrest in secondary school 2001, page 63).

It is clear from the above information that drugs are present in schools and students in both boarding and day schools have access to them.

1.1 Statement of the Problem

Drug abuse is on the increase in Kenya and there are numerous complaints from the society on the adverse effects on the abusers and finally on their education. Drug abusers have been blamed either wrongfully or rightfully of bad behaviour and poor performance at school. Whenever something goes wrong at home or at school, a finger is pointed at them. These students have been labelled negatively and to some extent treated with suspicion and ridicule by their peers and teachers.

According to the Coordinator of NACADA, Joseph Kaguthi, by 2007, drug abuse would have claimed more lives than HIV/AIDS in Kenya. He further stated that drug and substance abuse is a worse disaster than HIV/AIDS and famine combined, (CAV, 2006). For a country where 92% of youth aged between 16 and 26 have experimented with drugs (Daily Nation, 2003), this is a worrying trend. This is a clear indication that the Kenyan society is riddled with drug abuse.

Cases of students injuring or killing each other in fights after taking drugs are common. Young drug abusers are usually more impulsive, more delinquent, more depressed, more suicidal, less successful in school and less self confident.

The researcher therefore wishes to examine the root cause of drug abuse among students in a few selected secondary schools in Kisumu Municipality.

1. 2 Purpose of the Study

There is great concern among members of Boards of Governors, Parents-Teachers' Associations, the public and media over some students that continue to exhibit undesirable social behaviour both at the community level and at school, which impacts negatively on their education. Quite often discussions imply that students using drugs are the culprits. With this in mind, it appeared necessary to carry out this study to establish whether this accusation levelled against students as being drug abusers is justified. Parents are accused of not socializing their children properly and children are accused of bad behaviour, indiscipline and poor performance.

Repeated incidents of antisocial behaviour and indiscipline among secondary school students in Kenya as exhibited during the national drama festival of 2004 when students were caught on camera drunk at Kenyatta International Conference Centre (K.I.C.C) coupled with falling standards of education are alarming.

This scenario is posing wastage of untapped potential in our young people that would otherwise contribute to the social, political and economic development of this country. The youth constitute the bulk of the Kenyan population - 51% - according to the National Census of Kenya, 1984. Society expects the youth to play a vital role in development and that is why the government invests a lot in their future by subsidizing education and other interventions meant to help them to become responsible and productive members of society. However these expectations may not be tenable due to their deviant behaviour.

Undesirable social behaviour is capable of undermining plans for national development (Wachira 2001). While it is true that there has been an escalation of antisocial behaviour in the Kenyan society in general, it is not certain what causes this kind of behaviour.

Incidents of students' undesirable social behaviour have been increasing over the years (Kombo, 1998; Wachira, 2001). This is in spite of rules governing students' behaviour in schools and the many efforts being made at guidance and counselling, and statements and actions of disapproval and concern voiced by the Kenyan society in general (Wachira 2001). The abuse of drugs leads to social insecurity and wastage. When these youths mature, they form the core of the criminal syndicates (Refoli and Hewitt, 1994).

1.3 Objectives of the Study

The study sought to examine causes of drug abuse among secondary school students in Kisumu Municipality. The specific objectives of this study were to:

- i. Establish which prohibited drugs are abused by students in public secondary schools in Kisumu Municipality;
- ii. Investigate the causes of drug abuse among students;
- iii. Investigate the role of teaching, non-teaching and the school neighbourhood in enabling students' access to drugs;

- iv. Establish the contribution of the socio-economic status on drug abuse;
- v. Explore measures taken by head teachers and other stakeholders to prevent drug abuse in public secondary schools; and
- vi. Assess schools' availability of rules and regulations against drug abuse.

1.4 Research Questions

There is an increasing number of wastage of potentially talented young men and women who get suspended or expelled from school because of gross misconduct. It has come out quite clearly that such students more often than not are using drugs. To this end then, the pertinent question which arises is: How can the school system apply control, assist and rehabilitate such students so that they can be socially adjusted and be able to exploit their talents to the fullest and make their contribution to self and nation development/building?

The proposed study was guided by the following research questions:

- i. What are some of the prohibited drugs that have been abused by public secondary school students in Kisumu Municipality?
- ii. What are the causes of drug abuse among students?
- iii. What role do teachers and non-teaching staff play in availing drugs to the students?
- iv. What measures can head teachers, teachers and other stakeholders take to prevent drug abuse in public secondary schools?
- v. Is there a functioning Guidance and Counselling department in the school?
- vi. To what extent does socio-economic status contribute to drug abuse?
- vii. What are some of the rules and regulations the school has on drug abuse?

1.5 Significance of the Study

The study will give suggestions and guiding principles on how to curb drug abuse for better education management in secondary school and for enhancing students learning behaviour. It will assist educational managers to know the danger of drug abuse among Kenyan youth in secondary schools, colleges and universities.

The Ministry of Education Science and Technology may use the findings of this study to see a need to set a working party to search for real causes of drug abuse in Kenya's institutions of learning.

The study will benefit curriculum developers to include drug preventive education as a vital component in primary, secondary and tertiary institutions curricular.

The Ministry of Education Science and Technology may see the need of strengthening the departments of guidance and counselling in secondary schools by appointing trained and qualified counsellors to head the departments.

The study will be of great value to school head teachers because it will assist them in identifying the sources of drugs so that they can take remedial measures.

This information will be useful for planning successful interventions on drug and substance reduction.

The findings will also act as a springboard for future researchers who might wish to explore the field of drug abuse further and incorporate other factors not included in this study.

1.6 Limitations and Scope of the Study

- i. The study limited itself to only to a few schools in Kisumu Municipality. For a more conclusive result all districts in Kenya should have been studied. However this was not possible due to financial and other logistical constraints.

- ii. It was not possible to cover the opinion of parents and other stakeholders in education because tracing them would require considerable time, resources and other logistics.
- iii. Co-operation from the head teachers may have been inadequate, since they probably held the suspicion that the research would be used to victimize them. This may have led to limited information to the questionnaire.

1.7 Delimitations of the Study

The delimitations of the study are the bounding limitations. The current study confined itself to students and teachers in public secondary schools in Kisumu Municipality.

Private schools were not included in the study because previous attempts to study undesirable social behaviour in private schools have been met with resistance by private administrators who fear public negative labelling of their schools in case they are reported to have many incidents of undesirable social behaviour (Kombo, 1998). Many of these private schools are commercial enterprises and bad publicity may mean lower enrolment and therefore lesser income.

Teachers and students included in the sample were those in session in the respective institutions by the time of the study. Those absent or who had completed school were not included in the sample even though they would have had interesting inputs.

Finally there are several other factors affecting education but this study only focused on drug abuse and not the economic and cultural factors in the locale of study.

1.8 Assumptions of the Study

In this study, the following assumptions were made:

- i. All respondents would be co-operative and provide reliable responses;

- ii. The selected schools would provide the required data to address the research problem adequately;
- iii. The sample selected represented the entire population;
- iv. The students in the selected schools had the same socio-economic background.

1.9 Theoretical Framework

This study was guided by four theories.

1.9.1 Social Learning Theory - Albert Bandura (1977)

The Social Learning Theory states that a large amount of human learning is done vicariously through observing another making the skilled responses or reading about it or viewing pictures of it. The person then tries to imitate the responses of the model. In this case the potential drug user imitates the models in the environment who are significant others in his/her life. Such models may include ones parents, relatives, teachers, and friends among others.

Through observation and internalization young people learn to take or not to take drugs. If one observes his peers taking drugs he or she will be motivated to imitate the behaviour especially when this behaviour is positively reinforced. In that case if the model appears excited, sociable or aggressive, the potential drug user is likely to imitate the behaviour but when the behaviour is punished like one becoming sick or losing friends or missing gifts from parents, it will not be imitated and ceases.

1.9.2 Labelling Theory - Becker (1963)

Acts are not naturally good or bad. Instead, normality and deviance are socially defined. The existence of an orderly society presupposes some systems of control over behaviour. The system of control is therefore an essential and integral part of every society. The system of control is based on the assumption that it is the right for those with power or influence to exercise such control.

Deviant behaviour is not a quality of the act a person commits but rather a consequence of the application by others of rules and sanctions to the offender. People who fail for whatever reasons to uphold the norms and values of mainstream society (such as those addicted to drugs) are often labelled as deviant. Effects of negative labels on these individuals self concepts leads to the development of deviant identities. Based on this the condemnation and criminalization of drug abusers leads them to alter their individual identities and to adopt the values of deviant sub-cultures which the labelling process itself helps to create once a person is labelled a drug addict and accepts that label his/her life changes. People come to judge the person in terms of the label. This forces the individual into a deviant lifestyle. Based on this theory drug abuse is seen as a creation of society.

1.9.3 Structural Strain Theory - Merton Robert (1968),

Deviant behaviour such as drug abuse is the natural outgrowth of the values, norms and structure of society. Society places a high value on certain goals such as economic success. However not everyone in society is given equal opportunities of achieving them. Individuals may lack adequate qualifications, or in corrupt societies they have qualifications but lack a "godfather". Nevertheless these people are expected to meet the goals of society and one is judged on the basis of how well they meet society goals. Under the strain of incompatible goals and means, these individuals fall victims of anomie. This is a situation that arises when the norms of society are unclear or are no longer applicable. Anomie leaves individuals without sufficient guidelines for behaviour, thus causing confusion both for individuals and for society. They therefore turn to deviance. They want to be successful but find that they cannot attain it by acceptable means and, therefore, they device new ways of being recognized. Students may want to be recognized and appreciated by teachers and peers but are unable to attain good grades even when they try their best. Such students may deviate to drug abuse. This theory is relevant for the proposed study because drug abuse may have a great

impact on the social behaviour of the child and in turn affect his education.

1.9.4 Cultural Transmission Theory

Kombo (2005) says that deviant acts such as drug abuse are learned behaviour through interaction with others. Norms and values being transmitted are deviant. As a result the individual is socialized into deviant behaviour rather than into socially acceptable behaviour. If the majority of a person's interactions are with deviant individuals the person is likely to be socialized into patterns of deviant behaviour. This theory views all individuals as conformists. The difference between deviants and the rest of society lies in the norms to which each chooses to conform. The deviant individual conforms to norms that are not acceptable by the larger community. The non deviant on the other hand conforms to socially accepted norms. Based on this theory people abuse drugs mainly based on what they want to conform to. If the person interacts more with people abusing drugs the person is likely to be socialized into drug abuse.

1.10 Definition of Operational Terms

The following terms are defined with a view to making the reading of this study clear and precise:

Addiction: The state of being mentally and physically dependent on taking a drug.

Drug Abuse: This refers to the use of drugs for purpose other than therapeutic ones. While in therapeutic use, drugs are used for purposes of cure, drug abusers use drugs to experience some effects associated with them.

Drug Addiction: This is compulsive drug craving, seeking and use that persist even in the face of negative consequences.

Drug Dependence: Refers to "long term compulsive drug use perhaps with attempts to stop but repeatedly returning to

drugs". Drug dependence also means that one's body has began to require the drug in higher doses in order to avoid withdrawal symptoms. It is a chronic physical and psychological compulsion or craving to take a drug.

Drug Trafficking: This is the illegal moving of drugs from country to country and supplying to peddlers.

Drug: Any chemical substance that when taken by the body can affect one or more of the body functions. These include substances that are useful or harmful to the body.

Legal Drugs: Any drug that is potentially dangerous but the Government allows its use. These include alcoholic beverages, tobacco and *miraaj*.

Peer Pressure: This is the tendency to conform to the values and expectations of the peer group.

Substance Abuse:- Substance abuse is the over indulgence in and dependence on an addictive substance especially alcohol or a narcotic drug. It is also called chemical abuse.

Symptom: Any noticeable change in a body organ or function indicating a disease or disorder.

Undesirable Behaviour: Behaviour that society considers as negative and therefore unwelcome.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

Starting from a historical perspective, it is noted that our remote ancestors explored the properties of every plant, fruit, root and nut they found. The eventual use of these products would be partly determined by their pharmacological effects - the nature, intensity and duration of these strange and desirable new experiences and partly by the particular group's pattern of living. Thus in one territory a substance might be used as a love portion, in another as a stimulant for battle, in yet another as a medicine and still another as a sacred food or drink for religious ceremonies (Kombo, 2005).

The Incas of South America for instance took cocaine which had a central role in their religious and social systems throughout civilization, which stretched from around AD 1200 to AD 1550 (Wolmer, 1990).

There are an established 4000 plants which can alter peoples' moods upon being taken and about 600 have been in consistent use throughout history. By 1500 BC, Egypt had a list of 700 drugs taken to cure ailments. Some such as opium and saffron are still in use today.

In classical Greece and Rome, alcohol was widely drunk and some scholars of the time mention the problems of alcohol abuse (Wolmer, 1990).

Many drugs that are routinely used today were once prohibited in medieval times. According to Wolmer, (1990) coffee was banned in the Ottoman Empire but with little success. In the 17th C in parts of Germany and Russia, the penalty for smoking tobacco was death. In the United States of America alcohol was banned from 1920-1933.

Merton and Nisbett (1977) noted that in Persia and Turkey, smoking of tobacco was punishable by death while in England efforts to stamp out the use of tobacco included penalties like splitting or cutting off the nose of the offender.

On the other hand many drugs that are routinely used today were once freely available. Wolmer (1990) notes that in the United Kingdom in the early 19th Century, opium could be bought over the counter without a prescription from chemists and even from grocers. Cocaine and cannabis were both legal in the United Kingdom and United States of America.

According to Levinthal (1999), the 19th Century saw the development of drugs for specific purposes. The social picture of drug taking behaviour showed signs of complication. Prominent leaders and professionals called for attention to social problems resulting from widespread abuse of alcohol, cocaine and opium among others. As a result drugs like cocaine, opium, *cannabis sativa*, peyote, heroine among others were declared illegal over time in many countries. In the recent past, some countries have lifted the ban on some of the drugs still perceived as dangerous.

Cannabis which is illegal in many countries has been currently legalized in the Netherlands. She legalised supply of the drug to thousands of patients suffering from symptoms related to cancer, Aids and multiple sclerosis (Daily Nation September, 2nd - 2003).

2.1 Drug Dependence and Abuse as a Global Epidemic

The issue of drug abuse is a major headache to societies and authorities the world over from the cities of the North to Africa, Latin America and Asia. The menace of drugs has strangled the youthful population reducing them to dummies, zombies and drooling figures only to waste out the prime of their lives when they are most needed to invest their energies in worthy nation building ventures (Mwaura, N., Kenya Times July 4th 2003).

Drug abuse has become a global epidemic currently threatening the survival of man in this planet. Substance and drug abuse is negatively affecting the quality of education in our Nation's schools, from elementary to university level.

The use of drugs does not constitute a bad act, and in fact drugs properly administered have been a societal medical blessing. Unfortunately certain drugs produce enticing side effects such as euphoria, a sense of feeling good, elation, security and power. What began as a means of relaxation evolves in time into a problem of dependence and abuse.

Over the past two decades, the use of illegal drugs and misuse of therapeutic drugs has spread at an unprecedented rate and has reached every part of the globe. No nation has been spared by the problem.

The complex and intricate web of drug business has defied even the most alert security apparatus and that is why to date drugs continue to be peddled across the borders, seas and oceans to chosen destinations. Drug barons are still making a kill from diabolical trade and concrete evidence abounds of their ability to control and manipulate government authorities to carry out the evil without any obstacles (Mwaura, N., Kenya Times, July 4th 2003)

Drug barons are so powerful and ruthless that they are able to hold at ransom anyone standing in the way of their evil trade irrespective of his/her position of authority. Drug barons are said to finance some politicians in that part of the world. This explains why the vast valleys and plains of the Latin American country are covered by plantations of cocaine, opium and marijuana (*ibid*).

According to a recent report from the United Nations Drugs Control Program (UNDCP), the menace of drugs is assuming worrying proportions the world over and negligible headway is being achieved in elimination, owing partly to lack of serious commitment from governments or the sophisticated nature of drug business presently. The report further paints a gloomy picture of how more and more countries are being affected by the vice unlike some ten years ago when the drug business was restricted to a few countries. Despite the proliferation of drug laws in United States of America, drug use among young people and adults is widespread and increasing.

The British approach to the drug problem contrasts sharply with that of U.S.A in that it views addicts as ill rather than criminals. According to Julian (1977), under strict guidelines addicts can obtain heroin or methanol at normal cost. This has reduced illicit drug trade, drug related crime rate, and the number of unemployed addicts. Drug taking by students is indiscriminate and in line with this, Brooklyn (1989) observes that millions of youths are injecting, swallowing, sniffing and smoking everything from cocaine to marijuana (bhang). He further observes that while to some youth, "doing drugs' is a way of escaping problems, others get involved to satisfy their curiosity and still yet others use drugs to ease depression or boredom. Worth noting still, is that drugs have become an integral part of youth's social sphere and points that the use of alcohol has become widely accepted and as a socially approved behaviour. He reports that by the time adolescents graduate from high school, they have probably established a regular light to moderate drinking pattern. Thornburgh (1975).

According to the United States Of America department of Health and Human services, half of all teens and 60% of high school teens in U. S. A. report that drugs are used, kept or sold at their schools. Students at these schools are three times more likely to smoke, drink or use illicit drugs than students whose schools are located elsewhere. (Prevention Alert, September 6th 2002). Further, according to an annual survey of high school students, their use of alcohol has remained consistently high for the past 20 years with about 81% of seniors in 1995 reporting having drunk alcohol at least once in their lives and a little over half (51.3%) reporting alcohol use at least once in the preceding month.

Prior to 1991, the use of tobacco and illicit drugs such as Marijuana, Cocaine, Stimulants, Inhalants, LSD, and heroin had been decreasing since the peak levels in the late 1970s. Since 1991 however these rates have increased steadily.

In the United Kingdom Jason Aillardyce, a Scottish political analysit, reported of a case where heroine, worth more than 500 pounds,

was found in the schoolbag of an eleven year old in a Govon Primary School.

A research carried out using closed circuit television showed that one in every three twelve-year old had been offered drugs in Scotland. Angus Mackay the Deputy Justice minister in the Scottish parliament, noted that children in their first year of secondary school were particularly vulnerable to drugs because they left their familiar primary school environment and were forced to make new friends, (Times, The UK, November 16, 1999).

In Nigeria acts of indiscipline among students were blamed on use and abuse of drugs. The acts of indiscipline that occurred among students of Kilys College in Lagos and that of Methodist Boys High School in Oron were to be blamed on drugs. In both cases, window panes in the institutions were broken and cars smashed. Fafunwa (1971) attributes this indiscipline in Nigerian schools to drug use and abuse.

In Zimbabwe, a presidential commission of inquiry into education and training in Zimbabwe was set up in 1998. The findings of the commission showed that lack of morals and deteriorating learning standards and strikes in Zimbabwe schools were caused by drug abuse by students (Daily Nation July 2000).

Gellen and Maxwell, (1969 and Good (1970) noted that in central Asia, France, India and middle East, people have accepted that illegal drugs can make people lose control over their lives. The people believe that abuse of drugs add on some peoples social lives.

According to the philosopher Aristotle, "Virtue entails acting according to reason. Wisdom is the greatest intellectual virtue and ignorance the greatest vice. People who are drunk are acting in ignorance". These addicts give up their essential humanity by giving up control in their actions whose health is destroyed by excessive drinking or drug abuse. Unlike a person whose illness is involuntary, a drunkard is responsible for his ignorance: since it is open for him to refrain from getting drunk".

Buddhists believe that many contemporary social evils such as violence, irresponsible behaviour, and moral corruption, are the result of alcoholism and drug addiction.

According to Muslim philosophy, when a person drinks he becomes intoxicated, when he is intoxicated he raves, and when he raves, he falsely accuses.

Liberals, on the other hand, favour a permissive policy on drug and alcohol use. They feel that prohibiting people from taking drugs is interfering with their liberty.

2.2 Drug Abuse and Indiscipline in Kenyan Schools

Kenya has not been spared the pestilence of drugs and it is abundantly clear that it is a transit point for hard drugs from Columbia heading to European capitals (Mwaura N. Kenya times July 4th 2003).

Kenya along with other developed countries of Africa has lately been experiencing a rapid increase in production, distribution, and consumption of multiple drugs of dependence.

Amayo and Wangai (1994) also noted that trafficking of hard drugs into developing counties has not spared Kenya and the drug consumption and dependence among secondary and college students has led to unrest and consequently wide ranging destruction of life and property. They identified such drugs as heroine, cocaine, mandrax and others.

Drug abuse has infiltrated schools and some students and school workers especially support staff and the suppliers of food stuffs and other goods to schools are the links in drug cartels (Balswick and Norland, (1994 p 96;) The United Nations International Drug Control Programme (In the World Drug Report for 2000), ranked Kenya among the four African nations notorious for either consumption or manufacture of narcotics. According to this report, the port of Mombasa is a major transit point of drug traffickers in Africa (Onyango 2002:15).

A pilot survey carried out found that in most school compounds today, there is a ready and wide variety of drugs. For instance in Lugari

District it was confirmed from the school records that in the last five years over 20 students were either suspended or expelled from Lumakanda Secondary School for abusing drugs. On the other hand over 12 students from Mautuma Secondary School were suspended for having taken drugs in the same year (Chesula, E.W 1996).

Nduhi (1998), Chandran (1998) and Siringi (1999) quoted another survey done in Nairobi Province which revealed that there were high levels of drug abuse among students.

According to the Daily Nation July 18th 2002 a study by Professor David Ndetei (psychiatrist at the University of Nairobi) concluded that about 8.9% of the population were using cannabis in its pure form whilst 5% mixed it with glue and petrol.

Some (2001) stated that the environment that people live in today is the laboratory for the youth. He added that in Kisii for example the youth experiment with bhang which has been noted to have been part and parcel of their life.

According to the (Report of the Task Force on Students Discipline and Unrest in Secondary Schools 2001 pp 56 and 77,) the influence of drug abuse on students' learning behaviour has hampered education and management in Kenyan secondary school has been interfered with by increased cases of students indiscipline caused by among other factors drug and substance abuse.

According to a report by NACADA, in Kenya recent statistics indicate that one in every three high school students take alcohol. Another 8.3% smoke cigarettes while almost one in every ten (9.1%) chew miraa. About 3% smoke bhang and also take hard drugs like heroine, cocaine, mandrax and tranquilizers (Daily Nation June 22, 2004).

In a speech delivered during the official closing of the African Convention of Principals (ACP) in Kenya on 27th August 2004, the Minister for Education, Hon. George Saitoti, noted that some cities in Africa had been identified as either destinations or conduits for hard drugs. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical businesses. He further noted that one

of the root causes of some indiscipline cases in institutions could be traced to drug and substance abuse. For this reason the war against drugs and substance abuse was one that Kenya could not afford to lose because failure to address this problem would lead to the destruction of our youth and thus the future of our country. He finished by appealing to all to join together to fight this menace.

From the above it is visible that the issue of drugs is evident in the Kenyan scene and more specifically in Kenyan schools. No similar studies have been conducted in Kisumu and it was therefore important that the researcher carries out the study to find out the causes of drug abuse in a few selected secondary schools in Kisumu.

2.3 Types of Abused Drugs and Their Effects

Drugs have been classified differently by different scholars. According to Herman (1970), abused drugs can be classified in the following categories.

- i. **Stimulants**- These are drugs that stimulate the central nervous system, altering many brain functions such as perception, reasoning, judgment, feelings and intelligence. They consist of amphetamines, cocaine and nicotine. These drugs are swallowed, chewed or injected. Amphetamines are behavioural stimulants that temporary increase energy and mental alertness. Cocaine is a white, crystalline, alkaloid which acts as a local aesthetic. It is a dangerous illegal stimulant.
- ii. **Hallucinogens**- These are drugs that induce false impressions. They include Lysergic Diethyl Amide (LSD). These drugs are swallowed, chewed or injected. LSD is a drug manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. It is one of the most potent mind changing chemicals and is mostly ingested by placing a small square paper containing the drug on the tongue.

- iii. **Narcotics**- These are at times referred to as hard drugs. They are very strong pain killers and sleep or stupor inducing drugs. Most of these drugs are swallowed, injected or smoked. Used medically, they produce sleep or stupor and also relieve pain. Legally, a narcotic is any drug regulated under the Dangerous Drugs Act and should only be obtained with a doctor's prescription. They include heroin, opium, morphine, pethidine.
- iv. **Tobacco**- According to Prof Odhiambo, P. A. in an article "why rush to the grave' there is no single consumable product or commodity apart from tobacco which has 4700 substances in its composition all of which are injuries to human health including 40 concern causing agents. There is no other single item of human consumption apart from tobacco which if used as intended actually kills." He further states that there is no occasion, apart from tobacco use and perhaps biological chemical warfare when any single consumable or therapeutic substance bombards the human body with 4700 chemical and physical substance in one flush (Kenya Times, November 25th 2004) These include cigarettes, snuff and chewing tobacco.
- v. **Psychotropic**- These include antipsychotic drugs, anti depressants, barbiturates and non barbiturate hypno-sedatives. Anaesthetics cause loss of sensation and of feeling especially pain. General anaesthetics produce a sound sleep and are used for surgical procedures. Local anaesthetics are drugs that obliterate specific areas of the body for medical procedures such as dental extraction. Anti-depressants are used to treat patients with depressive psychological illness. Anti psychotics are drugs that produce an effect of emotional quietness and relative indifference to ones surroundings. They are called major tranquilizers. Analgesics are drugs that relieve pain without the loss of consciousness. Such drugs include aspirin and paracetamol. Barbiturates are sedative hypnotic drugs that decrease the activity of the central nervous system and depress respiration, affect the heart rate and decrease

blood pressure and temperature .Many of these drugs are swallowed or injected.

- vi. **Legal Drug Abuse** According to Clinard (1968), the use of useful drugs such as heroine and marijuana while disapproved have their counterparts widely used in legally approved drugs such as alcohol, cigarettes, tranquilizers, painkillers, coffee, tea etc.

Table 2: Categories of Drug Abuse and Their Effects

Drug name/class	Commercial and/or street names	How taken	Intoxication effects	Adverse Health Consequences
Marijuana Cannabinoid	Dope, pot, joints, grass, reefer, weed, etc.	Smoked swallowed.	Euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination	Cough frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks.
Cocaine Stimulant	Blow, bump, candy, Charlie, coke, crack, rock, snow, toot.	Snorted, smoked, Injected.	Increased heart rate, blood pressure, temperature, metabolism, feelings of exhilaration, energy, increased mental alertness.	Rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia, chest pain. Respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks.
Amphetamines Stimulant	Biphetamine, Dexedrine, bennies, black beauties, crosses, hearts, speed, truck drivers, uppers	Swallowed, smoked, injected, snorted.	Increased heart rate, blood pressure, metabolism, feeling of exhilaration, energy, increased mental alertness, rapid breathing.	Rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia, tremor, loss of coordination, irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, psychosis.
Methamphetamine Stimulant	Desoxyn chalk, crank, crystal, fire, glass, go fast, ice, meth, speed.	Snorted, swallowed, smoked, injected.	Increased heart rate, blood pressure, metabolism, feelings of exhilaration, energy, increased mental alertness, aggression, violence, psychotic behaviour	Rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia, memory loss, cardiac and neurological damage, impaired memory and learning.
MDMA Stimulants	Adam, clarity, ecstacy,Eve, lovers speed,peace,STP, X XTC	Swallowed.	increased heart rate, blood pressure, metabolism, feelings exhilaration, energy,	Rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia, impaired memory and learning,

Drug name/class	Commercial and/or street names	How taken	Intoxication effects	Adverse Health Consequences
			increased mental alertness, mild hallucinogenic effects, increased tactile, sensitivity, empathic feelings.	hyperthermia, cardiac toxicity, renal failure, liver toxicity.
Barbiturates Depressant	Amyta, Nembutal, seconal, Phenobarbital, barbs, reds, red birds, phennies, tooties, yellows, yellow jackets.	Swallowed, injected.	Reduced anxiety, feeling of well-being, lowered inhibitions, slowed pulse and breathing, lowered blood pressure, poor concentration, sedation, drowsiness.	Fatigue, confusion, impaired coordination, memory, judgment, depression, usual excitement, fever, irritability, slurred speech, dizziness, life-threatening withdrawal respiratory depression and arrest, death
Benzodiazepines Depressant	Ativan, Halcion, Librium, valium, xanax, candy, downers, sleeping pills, tranks.	Swallowed, injected.	Reduced anxiety, feeling of well-being lowered inhibitions, slowed pulse and breathing, lowered blood concentration, sedation, drowsiness, pain relief, euphoria, drowsiness, unsteady gait	Fatigue, confusion, impaired coordination, memory, judgment, sedation, drowsiness, dizziness, respiratory depression and arrest, death.
Heroin Narcotic (opioid)	Diacetylmorphine, brown sugar, dope, Horse, junk, skag, skunk, smack, white horse	Injected, snorted, smoked.	Pain relief, euphoria, drowsiness, unsteady gait.	Nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, unconsciousness, coma, death.
LSD Hallucinogen	Lysergic acid diethylamide. acid blotter, boomers, cubes. microdot, yellow sunshine.	Swallowed, absorbed through mouth tissues.	Altered states of perception and feeling, nausea, increased body temperature, heart rate, blood pressure, loss of appetite, sleeplessness, numbness, weakness, tremors, persistent mental	Persisting perception disorder (flashbacks).

Drug name/class	Commercial and/or street names	How taken	Intoxication effects	Adverse Health Consequences
PCP Dissociative anesthetics	Phencyclidine, angel dust, boat, hog, love boat, peace pill	Smoked, swallowed, injected.	Increased heart rate and blood pressure, impaired motor function, possible decrease in blood pressure and heart rate, panic, aggression, violence.	Memory loss, numbness, nausea/vomiting, loss of appetite, depression.
Inhalants	Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl); laughing gas, poppers, snappers, whippets.	Inhaled through nose or mouth.	Stimulation, loss of inhibition, headache, nausea or vomiting, slurred speech, loss of motor coordination wheezing.	Unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death.
Anabolic Steroids	Anadrol Oxandrin Durabolin, depo-testosterone, Equipoise, roids, juice.	Injected, Swallowed, applied to skin.	No intoxication effects.	Hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne in adolescents, premature stoppage of growth in males, prostate cancer, reduced sperm production, shrunken testicles. Breast enlargement in females, menstrual irregularities, development of beard and other masculine characteristics.

Source: - Substance abuse and addiction by:-Levis J.A, Dana R.Q& Bleivins G.A (1988)

2.4 Reasons for Drug Abuse in Schools

Researchers have cited various reasons for students' abuse of drugs. Some of these reasons include;

2.4.1: Availability of the Drug

According to *Merton, R (1971:26)* people use illegal drugs because of their ready availability and promote the interests of those who are in a position to benefit financially from their sale.

Smith (1990) concurs and says that availability of illegal drugs through cheap and local suppliers encourages students to engage in drugs. If there is easy access of drugs, a student may decide to use them. Drugs are available locally and one need not struggle to get them. It is well known fact that some students have secret ways of obtaining drugs and selling them to fellow students. In some cases members of the public or day scholars from other schools easily walk into the school and sell their commodities (*Ndegwa C. 1990*).

Smith (1990) says that availability of illegal drugs through cheap and local suppliers encourages students to indulge in drug abuse.

In Kisumu, the *Big Issue* (a magazine in the Wednesday Standard) team identified shops at the Kisumu bus stop and schools within the town centre as the best known dens of drugs trafficking. The business booms with the assistance of petty traders like shoe shiners and vendors, cobblers, maize roasters and *matatu* touts who peddle the drugs. The principal of Kisumu Boys High School disclosed that there is a syndicate involving shoe vendors and students. He said most of the time suppliers of the drugs scaled the fence to drop the drug consignments at designated spots. Some suppliers still went as far as drilling holes through the school wall which they used to pass over the drugs to students (*Ibid*)

2.4.2 Peer Group Pressure

According to *Douglas, J D (1982)* it seems that relatively few people start using drugs on their own. The interest and expectations of their peer groups have an important bearing on whether or not a person will try a dependence producing drug. A friend or peer group is likely to be the source of information for drug users about the availability of drugs and their allegable effects.

WHO 1973, Kendel et al (1978) found out that the most important variable in predicting possibility of drugs use was the degree of adolescent involvement in peer activities, the number of friends using drugs and friend attitude towards drug use.

The behaviour formation and behaviour modification among the students are largely influenced by peer pressure and role modelling provided by their colleague students and teachers, Wangai (2001:2).

According to Bobson (1985) the introduction to drug usage is usually made from friend to friend in a social atmosphere. Marijuana and pills are frequently distributed at parties where a non-user cannot refuse to participate without appearing unsophisticated.

Gorde (1970) who researched on the dynamics of becoming a marijuana user in a study based on participant observation and an interview with randomly and non-randomly chosen marijuana users in New York revealed the crucial role that friends played in the process of becoming a drug user in terms of providing information, the opportunities and the necessary legitimization for the activity.

This view is upheld by Thurunju (2002) in a study of drug abuse in Ituru High School. Out of 90 students under study, 44.4% had started taking drugs or had at one time or another taken drugs to conform to their peer groups.

Kariuki (1998) in a study of levels and trend patterns of drug addiction in Nairobi secondary schools sampled 800 students, 100 class teachers and 20 head teachers and noted that the majority of drug users had friends who used drugs.

It is therefore conclusive that identification with a drug abusing peer group is a powerful agent of subsequent drug abuse.

2.4.3 The Age Factor

Majority of students are adolescents, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and special problems. It is described as period of "storm" and "stress" "turbulent" and "unstable" a time of self discovery

and self assertion. This is the stage the youth tend to experiment a lot (Oketch, 1997). In the process of experimentation, the youth may encounter drugs. Torn between the worlds of childhood and adulthood, he reverts to either world from time to time.

Table 3: Percentage in Variation of Age in Use of Drugs

Age	Alcohol %	Tobacco %	Bhang %	Miraa %	Inhalants %
10-14 years	2.4	4.4	0.9	5.1	2.2
15-19 years	31.4	11.1	4.5	12.4	4.6
20-24 years	53.9	28.9	9.1	23.3	6.0

Source: Daily Nation, October 27, 2004

Many students are usually in secondary school at the ages 15-19 years (Table 3). The above figures show that the students at these ages abuse drugs with the majority abusing alcohol (31.4%) followed by *miraa* (Khat) at 12.4%.

The most abused drugs by students are the social drugs. These are drugs that are not illegal and are easily purchased. The social drugs include alcohol, tobacco and *miraa*.

2.4.4: Curiosity

Curiosity is one of man's outstanding characteristics. It appears in life and leads to extensive exploratory behaviour. It is not surprising then that many young persons will wish to try some drugs in order to determine the effects for themselves. (W.H.O 1973)

According to Midigo (2002) curiosity killed the cat and it is therefore not surprising to find students who are addicted to drugs while their initial reason for doing so was out of curiosity. He further conceded that young people are curious and like having fun. Therefore some take drugs in order to discover their effects.

2.4.5: Parental Influence

Pudo, (1998) noted that children from homes where parents take drugs tend to imitate the behaviour of their parents by taking illegal drugs.

According to Midigo, (2002) attitudes of parents towards tobacco, alcohol and other drugs play a major role in children behaviour. Young people learn from what they see by imitating what their parents and other people in the community do.

2.4.6 Availability of Cash

The availability of cash to the youth as pocket money or travel allowances especially if excessive can be redirected into purchasing of drugs.

According to a *Daily Nation* correspondent students who get access to a lot of money are tempted to buy illegal drugs (*Daily Nation*, July 17, 2002).

On the level of wealth Weruta (1995) indicates that rich parents give a lot of money to their children. The money is usually not put into proper use and when opportunities arise they team up with friends, taste drugs and eventually become drug addicts.

Over involvement of some parents either in business or other activities outside the family also contributes to the abuse of drugs. Ndirangu (2001) indicates that some parents are so much involved in search for money, fame and success to the point of leaving no time for children. A survey carried out in 1993 on who should take the burden of moulding the youth into responsible citizens revealed that the community and the parents place a lot of burden on the teachers and religious authorities. Ndirangu's results are shown in the table below:

Table 4: Who should mould the youth?

WHO SHOULD	PREVENT?	CONTROL?	STOP?
Schools	42&	30%	22%
Religious Organisations	28%	19%	14%
Community	14%	23%	18%
Authority	6%	16%	28%
Parents	10%	12%	18%

Source: *Ndirangu (2001) pg 62.*

This table (table 4) shows that the majority of the respondents accepted that the responsibility of moulding the youth that is preventing, controlling and stopping them from abusing drugs has been relegated first to schools followed by religious organisations. This has negatively affected the youth since there are no role models in their character development.

2.4.7: School Administration Related Factors

School administration factors will refer to how those who are charged with the management of students' affairs are prepared and equipped to plan, mobilize, allocate and instil the necessary control of the attainment of the institutional goals. This section gives special reference to the school staff.

Smith and Pride (1989) point out that the principal is probably the single most powerful force for improving school effectiveness and achieving excellence in education.

Weldy (1979) observes that the principals of today need enlightenment on leadership skills and personal qualities to provide direction and impetus to the educational goals of the school.

Onyango (2001) states that the head teacher has a major responsibility to provide a conducive environment for the students' growth and development and should therefore be aware of the factors which affect students. Such factors include low achievement, poverty, negative peer influence especially in terms of drug abuse, lack of sense of

belonging to the school and inadequate curriculum. On influence, Onyango points out that teachers constitute the most important staff in the school, but so are the other staff members like the secretaries, bursars, accounts clerks, matrons, nurses, messengers and watchmen. Although these staff especially teachers had prior training in their jobs, they need to keep abreast of the changes in the society so as to be able to prepare students to cope with emerging issues like drugs.

The Standard newspaper (July 21, 1991) reported that highhandedness of school administration, harsh treatment, lack of freedom on the side of and students' failure to have their grievances addressed creates stress which can lead to the abuse of drugs.

United Nations report (1994) on reduction of illicit demand for drugs states that one fundamental long-term pre-requisite of demand reduction programme is trained personnel. The paper asserts that the people to be trained however must be carefully selected, not only for competence but also for their appropriateness.

The influence of support staff is affirmed by the study carried out by Murimi (1996) in secondary schools in Tigray Division, Meru district. The investigation revealed that people working within the schools or neighbours who had contact with the students peddled drugs to them. One respondent reported that in schools cooks acted as middlemen for peddlers.

2.4.8: School Disciplinary System

This refers to disciplinary actions or guidelines laid down by the school authority on how students caught peddling, holding or abusing drugs should be punished.

Onyango (2001) asserts that head teachers should endeavour to inculcate good discipline and responsibility among the students. Good discipline should be acknowledged and any punishment meted out whether in the form of blame, or reproof, detention, fine or suspension should be fair and commensurate with the nature of the offence

committed. Failure by the school management to offer appropriate guidelines and punishment is to blame for the increased abuse of drugs.

Daily Nation (October 17th 2003) report on drugs in schools in Kenya blames failure by authorities to take action for increased abuse while some law enforcers are collaborating with peddlers to avail the substance.

Thurunju (2002) on a study of drug abuse in Ituru Secondary School found that those caught taking drugs, (even the hard drugs) were most often given a very minor punishment like digging in the school compound, or being sent home for two weeks and no other measure taken after that. He says that this encouraged continued drug use because the consequences were not too hard.

It thus can be conclusive that where rules or regulations are not enforced, students' tendency to misbehave is higher and it can take the form of drug abuse.

2.4.9 Guidance and Counselling

Counselling is the skilled and principled use of relationships to facilitate self knowledge, emotional acceptance and growth, and optimal development of personal resources.

Kanyi (2003), states that the purpose of counselling is to provide an opportunity for clients to work towards living in a more satisfying and resourceful way.

Adolescence and teens, the ages within which most students are in is characterized by intense physical, psychological and emotional changes. One is eager to search, discover, experiment and experience things. As such, experienced, well trained guidance and counselling personnel should be put in place to guide and counsel students in the right direction and provide them with some facts instead of leaving them to decide on their own.

Weruta (1995) asserts that some people use drugs to get rid of certain emotional pressures such as anxiety, nervousness and

depression. This could have been avoided if proper counselling on how to handle such problems was presented to students.

Cornancchia *et al* (1978) assert that each school needs to have at least one person who is assigned the responsibility of drug counselling. This individual may involve others, including students to help but is held accountable for the availability of such services. He continues to say that this counsellor must possess three basic qualifications, that is, the ability to communicate with students, acceptance by the students and a sincere interest in wanting to help young people.

Thurunju (2002) on a study of the causes of drug abuse at Ituru Secondary School revealed that no teacher was trained as a professional counsellor, and furthermore, very few students had confidence in the guidance and counselling department since most of the teachers were also involved in the discipline committee hence creating conflict. The study also revealed that very few speakers had been invited to speak on the topic since the administration feared to spend money on that area. The position of the office which was placed between mathematics and humanity department offices and demarcated with soft boards hindered free communication due to fear of being overheard by the others in their offices. The fact that all guidance and counselling teachers resided outside the school compound also complicated effectiveness of the department.

A study carried out by Onyango (2001) also found out that guidance and counselling services given by the head teachers, HODs and teachers were poorly handled in many schools. First the teachers handling these services did not have the requisite skills and secondly these services were treated merely as an appendage to the total school programme.

2.4.10 Day and Boarding Schools

Pathfinder International's report (Daily Nation September 17th 2001) showed that the use of drugs was more widespread among those who attended day school than boarding schools. The survey noted that the difference could be due to the fact that boarding school students were

closely monitored while day scholars were exposed to the substance through their own neighbourhood and communities.

Research done by Tony Johnstone (1996) showed that drug abuse is not just confined to day schools where students can access drugs easily because they are not confined within the school premises. Students in boarding schools have access to drugs. Johnstone (1996) came up with the following figures.

Table 5: Type of School and Drugs (Johnstone)

Regular alcohol use	Boarding %	Day school %
Yes	21.7	30.3
No	78.3	69.7

Source: Adolescents Drug Abuse in Kenya Report of Reproduction Health: Tony Johnstone

Students in boarding school take alcohol just like their counterparts in day schools(Table 5). The percentage of students in day schools who take alcohol is higher than those of boarding schools (30.3% and 21.7%) respectively. This can be attributed to the fact that they are not confined within the school premises.

2.4.11 Curriculum and Co-curricular Activities

A curriculum is an organized pattern of the school education programme. It involves all that the students and their teachers do in school. According to the encyclopaedia of education, a curriculum entails all the experiences of the school. It is all the goals, objectives, content process, resources and means of evaluation of all the learning experience planned for people and communicated to them through classroom instructions and related activities. It is meant to guide students and teachers in achieving the national goals of education.

Co-curricular activities are activities that are based on experiences and social functions that are considered significant for the development of

the holistic person. These activities include school clubs, recreation and sports, music, drama, school publications among others.

Onyango (2001) points out that the place of these activities and services in the total school programme is not fully understood nor appreciated. It is not uncommon for some people to think of these activities and services as unrelated to the curricula programme. Nevertheless they are being accepted as indispensable and constitute an integral component of the total school programme.

Pudo (1998) asserts that a variety of leisure activities and recreational activities should be strengthened in the learning institutions so that students can avoid boredom and idleness.

Ngeno' (2002) in a study in Kericho District of drug abuse and its influence on students' behaviour, states that many of those who take drugs are idle. Therefore, young people in schools and community should involve themselves in activities such as drama, sports, music, church activities, reading good books and magazines to avoid being lured into drugs in their idleness. He further asserts that activities that are free and offer healthy alternatives should be promoted. At the same time respect for rules and regulations that prohibit harmful behaviour influenced by drug abuse should be promoted.

Choka (1987) in a study of the administration of co-curricular activities found that classroom activities were given more emphasis over co-curricular activities because the latter were not examinable. Choka (1989) further states that most patrons of clubs in schools did not have a basic interest on the activities under their charge. This is because they tended to look at them as extra duties. The reason behind this pathetic attitude would be because their opinions may not have been sought before they were given these responsibilities. Due to lack of exposure to seminars, workshops or general inservicing pertaining to their various areas of interest, most patrons lack up-to-date knowledge and skills. Because of these most co-curricular activities lack direction, vision and vitality.

2.4.12 Strong Desire to Excel

Students may be anxious to perform well in academics and other co-curricular activities due to pressure from parents and teachers. This pressure can make students abuse drugs.

Ndirangu (2002) argues that some parents set unrealistic goals for their children in academic performance. Failure to achieve these results leads to rebuke that with time is expressed in deviant behaviour like drug abuse.

Trybosa (1972) on a study of the causes of drug addiction among youths in Poland found that the lack of success in school influenced students to abuse drugs.

Ciakuthi (1999) quotes Thuku (1998) and Baraza (2002) who agree that frustrations make students to take drugs to escape from reality. Ciakuthi (1999) also quotes Muchiri (2002), Siringi (1999) and Kamau (2002) who state that students who perform well in schools are not likely to enter into drug world. This is because they are mostly busy and their minds are occupied by something worthwhile.

2.4.13 Proselytism plus Ignorance

According to Hardman P. (1970), student addicts try successfully to persuade others to experiment with drugs. He said many people who succumb to this pressure are ignorant of the risk they are running. They seem to think that everything manufactured and available is quite safe.

2.4.14 Influence of Mass Media and Advertising

NACADA, which has been spear-heading the government's crusade against drug abuse has been very active in targeting the creative advertising industry that fronts for leading beer and cigarette manufacturers. Former NACADA boss Joseph Kaguthi says that he is not against alcohol or anyone but maintains that he will fight arbitrary efforts by alcohol and tobacco firms to "destroy Kenyan youth through unfairly exposing them to the products". People who smoke are portrayed as being

either great sportsmen or socially successful, wealthy or important people.

Okech D.P (1977) argues that the mass media plays a big role in influencing children. They receive information from movies, television, video cassette, billboards and magazines. Even though these media do not usually promote drug use explicitly, they can reinforce a child's impression that the use is normal (East African Standard, September 3rd 2003).

2.5 How to Detect Students on Drugs

According to Gullota (1989), the symptoms of adolescent drug abuse include:-

Aggressive behaviour;

Depression and anxiety;

Sudden changes in appetite;

Spending a great deal of time with new and previously unknown friends whose names remain unknown and mysterious;

Cold clammy skin;

Irritable;

Frequent complaints of headaches;

Memory loss;

Over excitement;

Over suspicious;

Secretive;

Low achievers in school;

Less self confidence;

Slurred speech;

Excessive sweating;

Tremors; and

Watery eyes and nose.

2.6 Methods of Preventing Drug Abuse

2.6.1 Behaviour Modification Techniques

These are basically associated with the interventionist approaches, which though reactive, respond to problems as they arise. It is an approach that is concerned with the modification of behaviour through positive and negative reinforcements. These approaches assume that any action which is rewarded will tend to be repeated and learned whereas actions which have no favourable consequences to the individual will cease to be done, Thorndike and Ladd (1963).

Studies have shown that rewards are more effective than sanctions in producing desirable behaviour, Becker (1967). A study conducted on pupils indiscipline in the Mathare area of Nairobi found that teachers consider rewards as important in enforcing good behaviour among the pupils, Rwamba (1992).

2.6.2 Preventive Methods

Most drug users begin the habit before the age of 20 years and schools are the primary institutions with access to this group. Preventive methods aim at developing structures and approaches which are geared towards reducing problems since they anticipate crisis within the school itself.

One of the reasons for disaffection in secondary schools is the abject failure of pastoral care. Students' needs are not met on time thus this increases disaffection leading to misbehaviour especially drugs use. Duke (1989).

According to the research carried out by Sussman and Johnson (1996), it was reported that research programmes need to be comprehensive and have sufficient intensity to reasonably expect that the skills can be taught. Content areas that are necessary include normative education, social skills, social influence, protective factors, and refusal skills.

2.6.3. Educational Programmes Interventions

Drug prevention programmes referred to as life skills training have been found to be successful with young adolescents. Life skills training is based on findings that most adolescent first use drugs in social situations and that their decisions are influenced not just by one factor but a variety.

The aim of life skills training is to help students gain skills to reduce their motivation for using drugs and to teach assertiveness skills of saying no to peer pressure, Bolvin and Tortu (1988).

2.6.4 Role of the Community

Because of the complexity of the problem, co-ordination of prevention messages and activities with other institutions in a student's life is essential. The community, not the school, is where most students' drug use occurs. Communities can be active in charging and supporting non-use norms and reinforcing messages given at school. Many curricular have suggestions for integrating parent activities and information sharing, Aguire-Mogira and Gorman, (1996).

2.6.5 Punitive Methods

These methods are basically associated with crisis management approaches which are reactive in their policies and locate the problem in students, Tattum (1989). Punitive methods rely on the infliction of punishment with the aim of deterring the student from committing the crime. Their method applies the principal of stimulus response connection Thorndine and Ladd (1963).

Jone (1989) explains that the purpose of punishment should be communicated, understood and accepted if it is to be effective in enforcing student discipline. But obviously drug abusers cannot be rehabilitated through punishment. According to Tobler and Stralton (1997) research on the above is far from conclusive and there is evidence that some strategies are ineffective.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter deals with the research design, locale of the study, the target population, the sample and sampling procedures, the research tools, data collection procedures and a discussion of the statistical analysis used. The pilot study has also been discussed.

3.1 Research Design

The researcher adopted an exploratory approach using a descriptive survey design to investigate the reasons for use of drugs of dependence. Descriptive survey designs are used in preliminary and exploratory studies to allow researchers to gather information summarize, present and interpret for the purpose of clarification.

Orodho (2002), Borg and Gall (1989:5) noted that descriptive survey research is intended to produce statistical information about aspects of education that interest policy makers and educators. By involving a broad category of stakeholders, the proposed study was able to fit within the cross-sectional sub-types of descriptive survey study designs. Views were sought from samples comprising head teachers, teachers and students within selected secondary schools.

This method is used systematically for collecting information from people in the field by obtaining their responses to questions using the questionnaire as an instrument for data collection. It is also useful in the early stages of studying a phenomenon like drug abuse.

3.2 Locale of the Study

The study was conducted in some selected public secondary schools in Kisumu Municipality within Kisumu District in Kenya.

Kisumu was chosen as the location for this study because, like other urban areas, it is exposed to the wholesome influences of city life. The choice was also guided by the fact that Kisumu is a cosmopolitan city and it is Nyanza Province's social, economic and political headquarters.

Kisumu Municipality secondary schools admit students from all over the country with varied culture, ethnic groups, races, faith, social and economic classes. It was assumed that being one of the cities in Kenya, the difficult social and economic environment experienced may have an impact on a child's social behaviour. Kisumu has public and many private secondary schools which cater for a cosmopolitan population. Kisumu Municipality has 24 public secondary schools. This is a high number of secondary schools concentrated in one area.

Focus of the study in Kisumu gave it further impetus by the observation that deviant behaviour is highest in urban centres, Smelser (1973). Students in schools in Kisumu exhibit deviant behaviour such as bullying, disobeying school rules, smoking and stealing.

Ezewu (1983) lists the following as some of the common school offences among students: stealing, truancy, assault and insult, drug offences, strikes, dishonesty and disobedience.

3.3 Inclusion Criteria of Study Subject

A secondary school student was the sampling unit for the study. Multi-stage sampling method was applied in the selection of the study subjects. Selection was done as follows:-

- i. Schools in the study were stratified into provincial and district schools.
- ii. This was followed by stratification into day schools and boarding schools.
- iii. Further stratification was done according to type of school in terms of gender (mixed, boys alone, girls alone)
- iv. A further stratification was made into urban schools or peri-urban, large or small.

- v. The required number was then randomly selected from the form four class.

3.4 Target Population and Sampling Procedure

The target population is defined as all the members of a real or hypothetical set of people, events or objectives from which a researcher wishes to generate the research study, Borg and Gall (1989). On the other hand, Wiersma (1995) defines a sample as a small proportion of a target population selected using systematic procedures for study.

The study targeted students from 10 secondary schools. Public schools within Kisumu municipality were divided into the following strata: provincial or district; girls boarding; boys boarding; girls' day; boys' day; and mixed day schools.

These schools have distinct and unique characteristics based on category, size and gender. In order to get a representative sample from these categories of schools, purposive sampling technique, a method of selecting a number of units from a population using set criteria, was used.

Fifteen (15) students /respondents were drawn from the form IV class from different streams in each of the ten (10) schools. All the students in the selected class formed part of the sample. Only public schools were selected in this study because previous attempts to study undesirable social behaviour in private schools have been met with resistance by private administrators who fear public negative labelling of their schools, in case they are reported to have many incidents of undesirable social behaviour (Kombo, 1998). Since many of these private schools are commercial enterprises, bad publicity may mean lower enrolment and therefore lesser income.

An official at the Provincial Director of Education's Office in Kisumu provided a list of all the public secondary schools in the municipality. The list facilitated categorization of the schools.

The choice of schools was meant to cater for differences in students' behaviour occasioned by school category whether provincial or district or by type whether school is boarding day or mixed or size whether small or larger or even by sex whether it is boys or girls and whether it is in the urban setting or peri-urban setting. All these factors could influence students' behaviour. Provincial schools admit the best performing students from the province and from varied socio-economic backgrounds. These backgrounds would also influence the students' behaviour.

Differences in gender were also taken into account as a factor to determine the main users of drugs. This is because boys' schools have been known to exhibit more disruptive behaviour than girls' schools.

Mixed schools were also included in the study in order to find out whether the interaction between sexes had any effect on the use of drugs of dependence. Form IV students were chosen because they were assumed to be more mature, older and had stayed longer in the school and would, therefore, provide reliable information more readily.

Another factor taken into consideration was whether the school was day or boarding. Day school students have more contact with the world outside the school and consequently their behaviour may exhibit differences compared to boarding school students who are confined to school compounds most of the time and have little time to mingle with the outside world. This was meant to determine which students had easier access to drugs.

In Kisumu there are few single streamed schools. Schools range from two (2) to six (6) streams. For the purpose of this study two and three-streamed schools were regarded as small schools while four streams and above were regarded as large schools. Small schools offer greater opportunities for closer interaction between the administration, teachers and the students and this has a positive effect on students' behaviour (Kyriacou, 1986).

3.5 Minimizing Biases and Errors

During the selection of study subjects, biases and errors were minimized by random selection of the subjects from the respective strata. A standard questionnaire was used on all respondents. This questionnaire was pre-tested.

3.6 Data Collection Instrument

The questionnaire was used for collection of data. This is because the research involved literate people. According to Wiersma, (1995) questionnaire studies are generally less expensive and they do not consume a lot of time in their administration. Brevity in a questionnaire also encourages response.

Using a questionnaire offers anonymity to the respondent, encourages faithfulness and gives the respondent adequate time to think through the question, which is not usual with interviews. This may result in more meaningful answers.

A questionnaire was administered to all the sampled students, head teachers, and Guidance and Counselling Heads of Department. The questionnaire consisted of both open and close-ended questions in order to elicit the widest possible range of responses on causes of drug abuse. Open-ended questions were useful in seeking opinions and views on the phenomenon of drug abuse as they gave the respondent freedom to express their opinion. Close-ended questions were useful in making analysis which was used in reinforcing or confirming the free expressions.

Head teachers were vital respondents in the study since they are responsible for the day to day running of their schools. They are crucial in creating and influencing the ethics and authority styles in their school. Of all the people in the school, they are the most influential. They are supposed to be aware of the students' behaviour and any form of punishment for example corporal punishment and suspensions can only be administered by them or persons delegated by them. They also

maintain records on students' performance and are, therefore, aware of their progress or lack of it.

Heads of guidance and counselling departments also responded to a questionnaire because most of the discipline problems in school involving anti-social behaviour and deviance are referred to them for guidance and counselling. It was also assumed that they keep a record of all the common school offences among students.

3.7 Data Collection Procedures

The researcher applied for a permit from the Ministry of Education (MoE) to conduct the research. After obtaining the permit the researcher approached the District Education Officer (D.E.O) for an introductory letter to the schools where the research was to be carried out. This enabled the researcher to make appointments when the questionnaires would be administered in person. The researcher assured the respondents of the confidentiality of the information that they gave and for any clarifications the researcher was available.

3.8 Validity of the Instruments

It is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study, Mugenda and Mugenda (1999).

Orodho (2004) asserts that once the questionnaire has been constructed, it should be tried out in the field. According to Wiersma (1985) the main aim of piloting is to help identify misunderstandings, ambiguities and inadequate items in the instrument.

To enhance validity, piloting was carried out to help the researcher in identification of items in the research instrument that were ambiguous in eliciting relevant information. Modification was made where necessary. The procedures used in pre-testing the questionnaire were identical to those that were used during the actual study or data collection.

Kasagam High School which is similar to the samples used in the actual study was pre-tested using the sample to be used in the actual

study. This enhanced the validity of the instrument. Finally the pilot study also revealed that the anticipated analytical technique was appropriate.

3.9 Data Analysis

The data collected was analysed using simple statistics. After collection of the questionnaires, the researcher counted them in order to get the frequency of respondents. The percentage of duly filled and returned questionnaires compared to the number of students in the sample helped to determine whether the students' responses could be considered adequate. There was 100% response from all the respondents, that is, the head teachers, heads of guidance and counselling and the students.

The researcher constructed frequency distributions to examine the pattern of response to each of the variables under investigation. Data was also thematically analysed using the Statistical Package for Social Science (SPSS).

CHAPTER FOUR

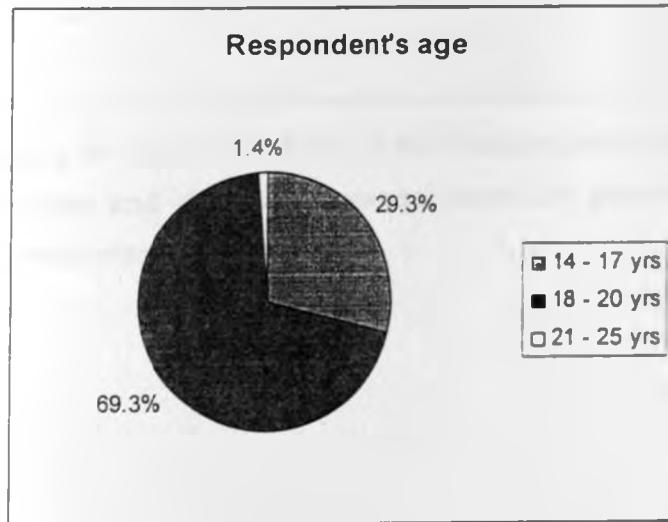
DATA ANALYSIS, PRESENTATION AND DISCUSSION

This research was carried out in 10 Secondary schools within Kisumu municipality. 15 questionnaires were administered to 10 final year students in each of these schools. A total of 150 students formed the respondents' population. Questionnaires were also administered to the heads of schools and the heads of guidance and counseling departments in the 10 schools.

4.1 Socio-Economic Factors

4.1.1 Respondents' Age and Gender

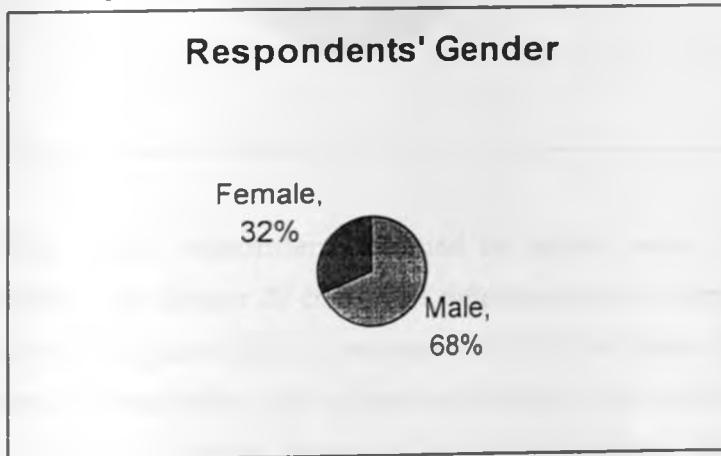
Figure 1: Respondents' Age



Of all the students interviewed, 69.3% were aged between 18 to 20 years, 29.3% were aged between 14 to 17 years while a small proportion (1.4%) were aged between 21 to 25 years, (Figure 1). Students aged between 18 to 20 years formed the greatest proportion primarily because most

students joined primary school at 7 years of age, and if they went through school without repeating a class then they are 18 years old when in their fourth form (depending on their birthdates). Early school starters fall in the age bracket between 14 – 17 years of age and this class of students has been increasing recently. Students aged between 21 – 25 years in their fourth form either began their formal education at an advanced age, dropped out for various reasons and resumed school at a later date or have repeated one or more classes.

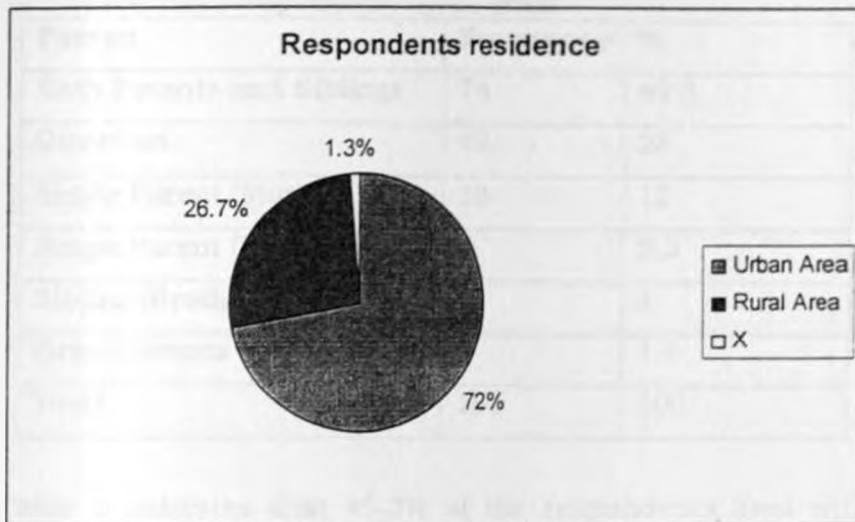
Figure 2: Respondents' Gender



According to (figure 2), 68% of the respondents were male while 32% were female and this was because there are generally more boys than girls in secondary schools.

4.1.2 Respondents' Residence

Figure 3: Respondents' Residence



72% of the respondents resided in urban areas, 26.7% in rural areas while 1.3% (figure 3) could not differentiate whether they resided in a rural or urban area (this is represented by X in figure 3). Most schools in Kisumu municipality are located within the town and since proximity to the school is a major factor to the school choice, especially for day scholars, urban area residents account for the highest proportion of respondents. Rural area residents are either day scholars in the few secondary schools in Kisumu municipality outskirts, or students who come from rural areas but board in the schools within the town.

4.1.3 Person the Respondent Lives With

Table 6: Person the Respondent Lives With

Person	Frequency	%
Both Parents and Siblings	74	49.3
Guardian	42	28
Single Parent (Mother)	18	12
Single Parent (Father)	8	5.3
Sibling (Brother)	6	4
Grandparents	2	1.4
Total	150	100

Table 6 indicates that 49.3% of the respondents lived with both parents and their siblings, 28% lived with a guardian, 12% with their mothers, 5.3% with their fathers, 4% lived with their brothers while 1.4% lived with their grandparents .

Kisumu is a city that attracts professionals and labourers of all kinds who move with their families to seek an acceptable environment for livelihood. Sometimes the pressure of work necessitates residence within their working stations; this explains why most respondents lived at home with both parents and their siblings. The respondents who lived with a guardian represent those students who moved in with their relatives because of the proximity of the relatives' residence to their school, those who had lost their parents, and those who live in orphanages or rehabilitation homes. Of those who lived with their fathers alone, the fathers were either widowers or divorced, and this proportion was significantly less than those who lived only with their mothers. Single mothers were many because some mothers were widowed whilst others were single by choice, or had children outside wedlock. Single fathers also have a higher propensity to remarry than single mothers. The students who lived with their brothers were either those who moved to the urban areas to study and were supported by their working brothers or who after their parents' retirement and relocation to the rural areas remained in

town to stay with their elder brothers or orphans. All the students who lived with their grandparents were either orphans or children born out of wedlock or those whose parents resided in other towns or countries – the whole of this proportion resided in rural areas.

4.1.5 Parental/Guardian Approval of Drug Use

Table 7: Parental/Guardian Approval of Drug Use

Drug	Parental/Guardian Approval			
	Yes		No	
	Frequency	%	Frequency	%
Alcoholic Beverage	48	32.0	44	29.3
Cigarette	22	14.7	28	18.7
Bhang	28	18.7	32	21.3
Other Drugs	44	29.3	16	10.7
Missing system	8	5.3	30	20.0
Total	150	100.0	150	100.0

32.0% of the respondents believed that their parents would approve if they took alcohol, 29.3% believed their parents wouldn't approve while 20% had no idea what their parents reaction would be. 18.7 % of the respondents believed that their parents would approve if they smoked bhang, 21.3% believed their parents wouldn't approve. 14.7% of the respondents believed that their parents would approve if they smoked cigarettes, 18.7% believed their parents wouldn't approve. 29.37% of the respondents believed that their parents would approve if they took drugs other than alcohol, bhang and cigarettes, 10.7% believed their parents wouldn't approve (Table 7).

The number of parents who would allow their children to take drugs is low and the type of drug in question is also significant. For alcohol, which is legal and can be consumed freely by over 18's, the parents/guardians are most liberal. Cigarettes are the most harmful legal drugs known to man and parents seem to know this hence only a small 14.7% would tolerate cigarette smoking by their children. Bhang is illegal

in Kenya but certain parents and indeed groups of people tend to think it is some sacred form of herb (*KTN series, 'Bhang in Bunyore' aired on 20th June 2007*). This group accounts for 21.3% of the parents, who would approve if their children smoked bhang.

4.1.6 Socio-Economic Issues that have Contributed to Drug Abuse by Students

Table 8: Socio-Economic Issues and Drug Use

Socio-Economic Issue	Contribution To Drug Abuse			
	Very Much		Minimal	
	Frequency	%	Frequency	%
Broken Family	16	10.7	22	14.7
Poverty	10	6.7	28	18.7
H.I.V/Aids	2	1.3	10	6.7
Parental Influence	28	18.7	18	12.0
Day School Status	10	6.7	16	10.7
Boarding School Status	18	12.0	10	6.7
Media Influence	4	2.6	2	1.3
Availability Of Cash	4	2.6	16	10.7
Rural Setting	22	14.7	20	13.3
Urban Setting	16	10.7	4	2.6
Curiosity	20	13.3	4	2.6
Total	150	100.0	150	100.0

Majority of students believed that parental influence was very high in contribution to drug abuse (Table 8) at 18.7%. This is because most educated and liberal parents would allow their children to take drugs like alcohol and cigarettes, for example in social gatherings.

Many students also believed that going to a boarding school would contribute to drug use. Boarding schools were thought to greatly contribute to drug abuse by students because peer pressure was stronger

in boarding schools and the students especially boys were more daring to gain acceptability into the social groupings. In addition students in boarding schools had more pocket money than those in day schools hence could easily afford drugs.

14.7% of the respondents thought that rural setting contributed to drug abuse by students. This was because the main drugs abused in the rural areas were local brews like bhang and cigarettes which were priced within the reach of students. In addition to this the various ceremonies in the rural areas such as circumcision encouraged indulgence in local brews.

The urban setting on the other hand was also thought to contribute only minimally to drug abuse by students because apart from increased information on the harmful effects of drugs, there was greater vigilance by the security forces on underage and illegal indulgence and a stricter compliance to age limits on sale of drugs. However in comparison rural setting was thought to contribute to drug abuse more than the urban setting.

13.3% of the respondents also thought that curiosity was a major reason for drug abuse. This curiosity is often driven by peer influence at teenage level and hence they would like to try and have a vivid picture of things rather than be told.

Majority of the students did not believe that poverty could drive a student to drug abuse. This was thought to have a minimal effect because of the predisposition of the poor to want to escape poverty-a goal that would be negated by drug abuse. In addition drugs are costly and the poor are not ready to sacrifice the little they have on unnecessary purchases.

Media was also thought to have a minimal contribution to abuse by students. This is because the same media exposed the harms of drugs.

4.2 Drug Abuse by Students

4.2.1 Commonly abused drugs by students

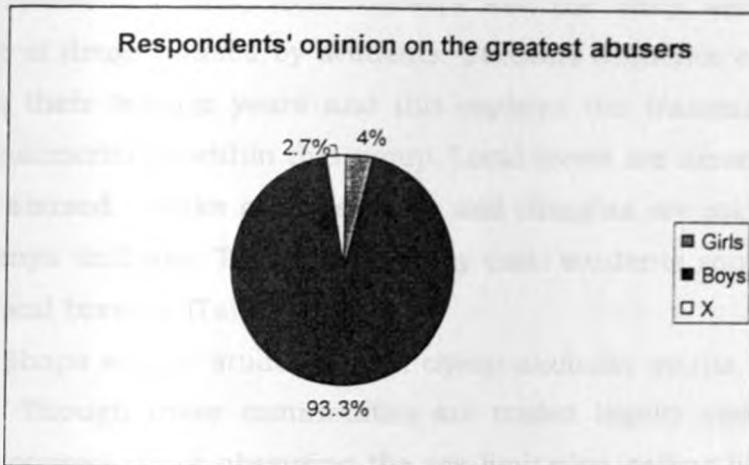
98.7% of the respondents were aware of the drug abuse in their schools and recorded the most commonly abused drugs in their schools (Table 9).

Table 9: Commonly Abused Drugs

Drug	Frequency	Percentage of Occurrence
Bhang	8	5.3
Alcohol	32	21.3
Bhang, Alcohol and Kuber	20	13.3
Bhang and Alcohol	18	12.0
Bhang, Alcohol and Glue	2	1.3
Bhang, Alcohol, Glue and Miraa	2	1.4
Cigarettes	18	12.0
Bhang, Alcohol, Kuber and Miraa	18	12.0
Cocaine	2	1.3
Bhang, Alcohol and Miraa	20	13.3
Alcohol, Kuber and Miraa	6	4.0
Cigarettes, Kuber and Miraa	4	2.6
Missing system	2	1.3
Total	150	100.0

Alcohol was the drug abused most. A combination of bhang, alcohol and Kuber and that of bhang, alcohol and miraa is also popular among the students. This is mainly because of their availability and divisibility, such that even a little amount of cash can buy some small quantity of the drug. Additionally, it can easily be concealed by the students. Other significant combinations are bhang and alcohol (12.0), and that of bhang, alcohol, Kuber and miraa (12.0%) each. Cigarettes were also popular at 12.0%. The least abused drug is cocaine at 1.3%. This is because cocaine is a rare drug in Kisumu and is very expensive.

Figure 4: Respondents' Opinion on the Greatest Drug Abusers



Respondents also said who they thought were the greatest drug abusers (Figure 4). The majority of respondents' (93.3%) believed that the greatest drug abusers were boys, while 4% believed girls were the greatest abusers. 2.7% of the respondents' had no idea who the greatest abusers were.

4.2.2 Sources of Drugs Abused By Students

Table 10: Source of Drugs

Source	Frequency	Percentage of students who indicated the source (%)
Fellow students	44	29.3
Shop	22	14.7
Shoemaker	6	4.0
School workers	10	6.7
Hospital	6	4.0
Parents	10	6.7
Over the school fence	10	6.7
Local brewers	22	14.7
Touts	6	4.0
Teachers	6	4.0
Boda Boda (bicycle taxi) cyclists	8	5.3
Total	150	100.0

Fellow students, local brewers and the shop were the greatest source of drugs abused by students. Students influence each other a lot during their teenage years and this explains the transmission of drugs (and mannerisms) within this group. Local brews are among the cheapest drugs abused. Drinks such as busaa and chang'aa are sold for as little as ten Kenya shillings. This explains why most students source their drugs from local brewers (Table 10).

Shops supply students with cheap alcoholic spirits, cigarettes and miraa. Though these commodities are traded legally shopkeepers have been accused of not observing the age limit plus selling liquor without a licence. Other significant sources of drugs for students are over the school fence (6.7%), touts (4.0%) and boda cyclists at (5.3%). Within the school environment, school workers, touts and boda boda cyclists supplied students with bhang, Kuber and cigarettes.

4.2.3 Reasons for Drug Abuse By Students

Table 11: Reasons for Drug Abuse

Reason	Frequency	Students Who Cited The Reason (%)
Calm Themselves Down	16	10.7
Believe They Will Pass Examinations	10	6.7
To Have a Sense Of Belonging	42	28.0
Their Parents Abuse Drugs	10	6.7
Their Friends Abuse Drugs	22	14.7
Bad Treatment At Home	4	2.6
Their Brothers/Sisters Abuse Drugs	10	6.7
For Curiosity	6	4.0
Part Of Growing Up	4	2.6
Most Drugs Are Readily Available	8	5.3
They Have Money To Purchase Drugs	4	2.6
Believe Drugs Are Not Dangerous	2	1.3
Believe Drugs Will Make One Forget	8	5.3
Not All Drugs Are Harmful To Health	2	1.3
For Treatment	2	1.3
Total	150	100.0

A majority of the respondents, 28%, believed that students abused drugs because they wanted to have a sense of belonging (Table 11). Another reason cited by many students for drug abuse was that their friends abused drugs (14.7%).

This means the students were influenced by their peers to take drugs. It is therefore important to note that peer influence is the main reason that makes students indulge in drugs.

However this notwithstanding, other major reasons cited by the students were to calm themselves down 10.7%, belief that they will pass examinations and because their parents and siblings abuse drugs at 6.7%.

Other reasons cited were a belief that drugs would make them forget their problems and because most drugs were readily available both at 5.3%.

Reasons that a minority of students thought were responsible for drug abuse were, a belief that not all drugs are harmful to health, for treatment and a belief that drugs are not as dangerous as people make them appear. This calls for proper drug education programs in schools to educate students on the dangers of drugs.

4.2.4 Respondents and Drug Abuse

Table 12: Age and Drugs

Respondent's Age	Have you tried any drug?			
	Yes		No	
	Frequency	%	Frequency	%
14 - 17 yrs	8	5.3	72	48.0
18 - 20 yrs	64	42.7	42	28.0
21 - 25 yrs	78	52.0	36	24.0
Total	150	100.0	150	100.0

The ages and proportion of the students who have tried drugs or not are shown (Table 12). The table also indicates that 5.3% of students

between 14 to 17 years of age have tried drugs, 42.7% of students aged between 18 to 20 years have also tried drugs while 52% of students aged between 21 to 25 years have tried drugs.

The older the student the greater the possibility of having had tried drugs, it emerged. While those above eighteen are legally allowed to use certain drugs, the age limit did not serve as a sufficient barrier to stop the students from indulging in drugs.

Table 13: Gender and Drugs

Respondent's Gender	Have you tried any drug			
	Yes		No	
	Frequency	%	Frequency	
Male	74	49.3	78	52.0
Female	76	50.7	72	48.0
Total	150	100.0	150	100.0

More females had tried drugs than males (Table 13). This occurrence can be attributed to the fact that girls in high school usually date older working men other than their peers. These older men are more economically empowered and easily influence their young girlfriends to drug abuse. It is worthy to note that this doesn't mean, though, that more girls abuse drugs than boys. Rather, it means more girls have had the opportunity to taste or try drugs than boys.

Table 14: Residence and Drugs

Residence	Have you tried any drug			
	Yes		No	
	Frequency	%	Frequency	%
Rural Area	72	48.0	76	50.7
Urban Area	78	52.0	74	49.3
Total	150	100.0	150	100.0

More residents of urban area than of rural areas have tried drugs (Table 14). Students living in urban areas are under more pressure to fit in what they regard as 'fashionable' than their counterparts in rural areas. In addition, the pop culture has established firmer roots in urban than rural areas. It was therefore not surprising that a greater proportion of students who lived in urban areas had tried drugs than their counterparts in rural areas.

Table 15: Family Influence and Drugs

Family members the student lives with at home	Has the student tried any drug?			
	Yes		No	
	Frequency	%	Frequency	%
Father	18	12.0	10	6.7
Both Parents	44	29.3	32	29.3
Guardian	22	14.7	16	10.7
Mother	16	10.7	16	10.7
Grandparents	10	6.7	22	10.7
Brothers	22	14.7	22	10.7
Both Parents and siblings	18	12.0	32	21.3
Total	150	100.0	150	100.0

The head of the house and the family members the students lived with (Table 15) at home had an effect on drug abuse by students. 12% of the students who stayed at home with their fathers alone had tried drugs. This is foremost because most fathers are usually not sufficiently close to their children to be able to monitor their activities.

(29.3%) of students who lived at home with both parents had tried drugs. (10.7%) of the students who lived at home with their mothers only (i.e. without their fathers) had also tried drugs. Students who lived with their grandparents (10.7%) had never tried drugs. This could be attributed to two things (i) since all of those who lived with grandparents lived in rural areas, the implication could be they are too poor to indulge in the luxury of drug abuse; and (ii) the diplomatic and non-forceful ways

grandparents are known to tackle challenges facing teenagers may be convincing enough to these students so as to keep them off drugs.

(14.7%) students who lived at home with their brothers had tried drugs. This is because the brothers did not have much authority as the parents on these students and were thus more easily defied, especially if the age gap between the two was not big.

Table 16: Guardian's Level of Education

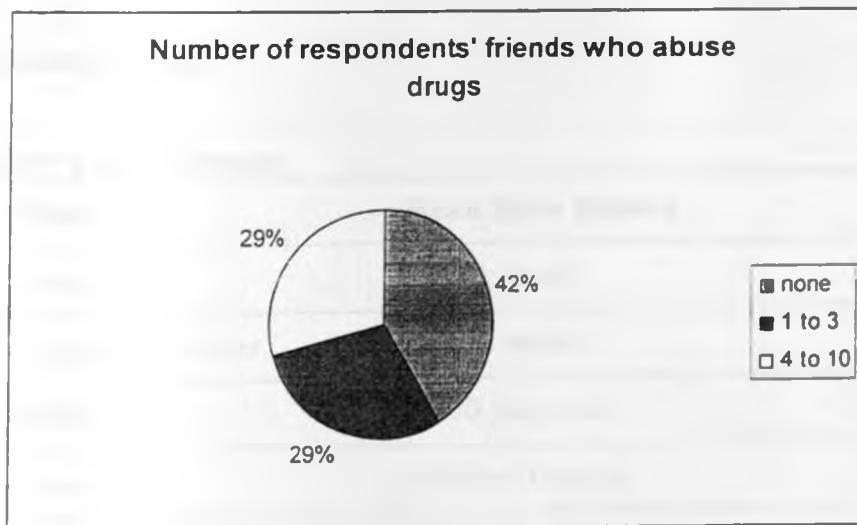
Guardian level of education	Percentage of students who have tried drugs vis-à-vis parent/guardian level of education					
	Father		Mother		Guardian	
	Frequency	%	Frequency	%	Frequency	5
Primary School	26	17.3	32	21.3	44	29.3
Secondary School	32	21.3	44	29.3	26	17.3
College	44	29.3	26	17.3	32	21.3
University	48	32.0	48	32.0	48	32.0
Total	150	100.0	150	100.0	150	100.

The parents' or guardian's level of education had an effect on drug abuse by students (Table 16). However, the table doesn't reveal a distinct pattern and this is because some of the students live at home with both the father and mother or live with a guardian during school days and move back to their parents during holidays. But, that notwithstanding, it is easy to conclude that there was a high possibility of the students trying drugs if their parents or guardian had attained a university degree.

Table 17: Experimentation with Drugs

Type or Combination of Drug(s) tried	Frequency	Percentage of Students (%)
Alcohol	74	49.3
Cigarettes	32	21.3
Miraa	28	18.7
Bhang	16	10.7
Total	150	100.0

Most students have experimented with alcohol, cigarettes, miraa and bhang in that order (Table 17). Reasons for popularity of alcohol have been previously stated. Cigarettes are cheap while most students believe miraa is not harmful. The least number of students have tried bhang and this is because (i) it is illegal and (ii) it is believed to damage the brain – something even the most daring students are scared to experience.

Figure 5: Number of Respondents' Friends Who Abuse Drugs

Respondents revealed the number of their close friends in the school who abused drugs (Figure 5).

42% of the respondents had close friends who did not abuse any drugs (Figure 5). 29% of the respondents had 1 to 3 close friends who

abused drugs while another 29% of the respondents had 4 – 10 close friends who abused drugs.

Table 18: Drugs Abused by Friends and Peers

Drug	Frequency	Proportion of respondents friends who abuse the drug
Alcohol (Commercial Beers)	48	32.0
Bhang	32	21.3
Cigarette	22	14.7
Cocaine	6	4.0
Miraa	18	12.0
Heroin	2	1.3
Local Brew	22	14.7
Total	150	100

Respondents indicated the drugs abused by their peers (Table 18). Here again alcohol is the most abused drug. Bhang, cigarette, local brew, miraa, cocaine and heroin are equally abused in that order.

4.2.5 Cost of Drugs

Table 19: Cost of Drugs

Drug	Mean Price (Kshs.)
Local brew	15 per glass
Commercial beer	80 per bottle
Marijuana	10.00 per stick
Cigarettes	8.00 for 3 sticks
Cocaine	125
Miraa	70 for half a kg

The prices stated by the respondents, on average, tally with the retail prices of the listed commodities. This implies that the respondents had proper knowledge of the drugs' prices. (Table 19)

4.2.6 Regularity of Drug Abuse

Table 20: Regularity of Drug Abuse

How often drug is consumed	Frequency	Students (%)
Whenever I feel like	10	6.7
Whenever I get them	16	10.7
Weekends Only	22	14.7
During school holidays only	32	21.3
I cannot remember	18	12.0
Whenever I feel like and whenever I get them	22	14.7
In parties	16	10.7
During games and co-curricular activities	4	2.6
Never	10	6.7
Total	150	100.0

6.7% of the respondents had never tried drugs. Regular abusers 21.3% appreciated the need to divorce drugs from school as most of them only consumed drugs during school holidays. A significant number of the students 14.7% would use drugs either when they felt like or when they got them and on weekends only (Table 20).

4.2.6 Respondents' Suggestion on Action to Be Taken On Students Found Abusing Drugs

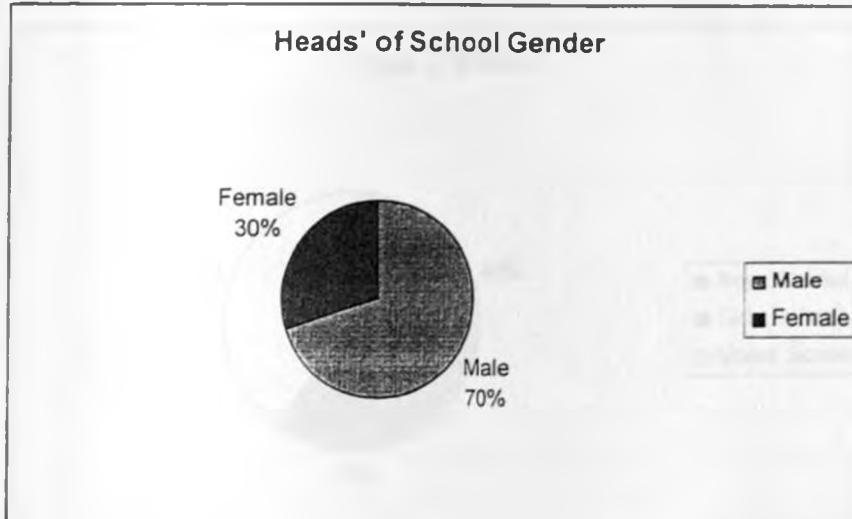
Table 21: Drugs and Punishment

Action(S) on Student Found Abusing Drug	Frequency	Percentage (%)
Guidance and Counseling	32	21.3
Warned by Head Teacher	22	14.7
Sent Home To Bring Parents	28	18.7
Suspended For Sometime	16	10.7
Expelled From School	10	6.7
Warned By Head Teacher And Sent Home To Bring Parents	6	4.0
Openly Rebuked, Sent Home To Bring Parents And Suspended	4	2.6
Warned, Openly Rebuked, Sent To Bring Parents, Suspended	2	1.3
Sent To Bring Parents, Suspended	6	4.0
Sent Home, Punished, Suspended, Expelled	2	1.3
Warned, Suspended	10	6.7
Suspended, Expelled	4	2.6
Warned, Sent Home, Expelled	6	4.0
Warned And Counseled	2	1.3
Total	150	100.0

21.3% of the respondents preferred guidance and counseling other than various forms of punishment on students found to be abusing drugs (Table 21). This is because they believed guidance and counseling would help the students' quit drugs as opposed to other forms of punishment which would have the students working on ways not to get caught.

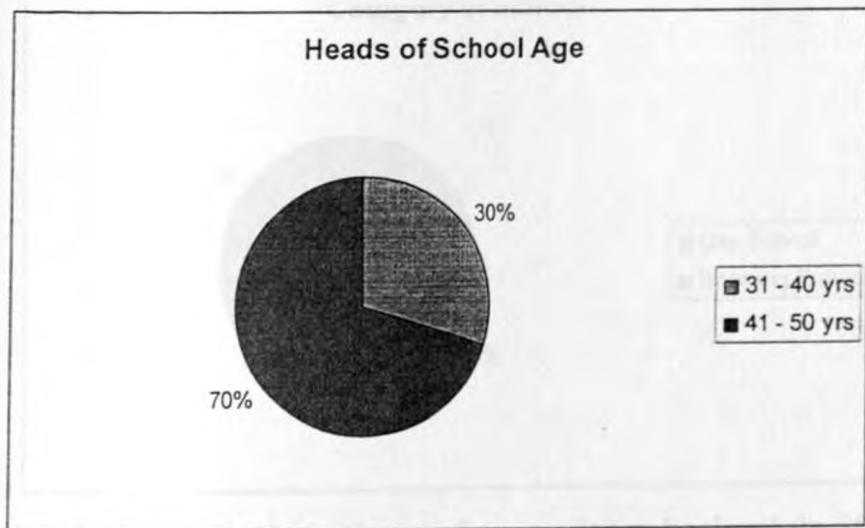
4.3 Responses of Heads of Institutions and Heads of Guidance and Counseling Departments

Figure 6: Heads of School by Gender



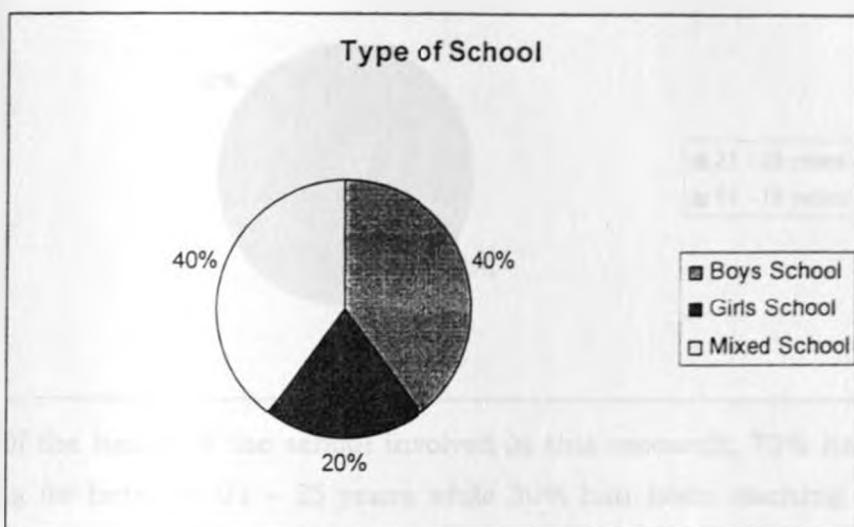
70% of the school heads who participated in this study were male while 30% were female (figure 6).

Figure 7: Heads' of Schools Age Distribution



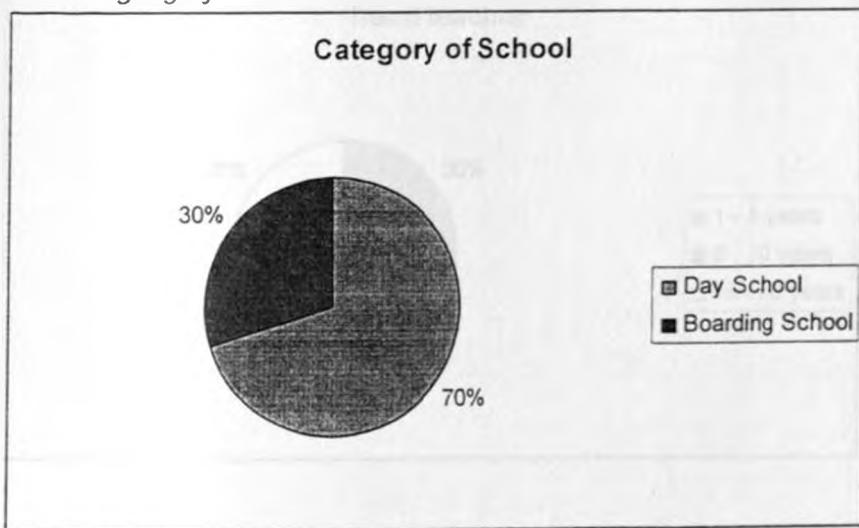
30% of the heads of school involved in this study were aged between 31 to 40 years while 70% were aged between 41 to 50 years (Figure 7).

Figure 8: Type of School



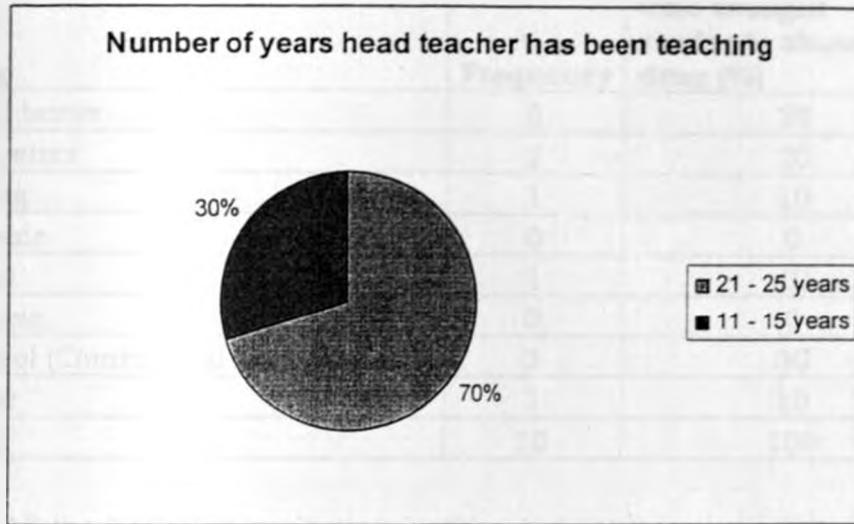
40% of the schools in this study were mixed, another 40% were boys school and 20% were girls school (figure 8).

Figure 9: Category of School



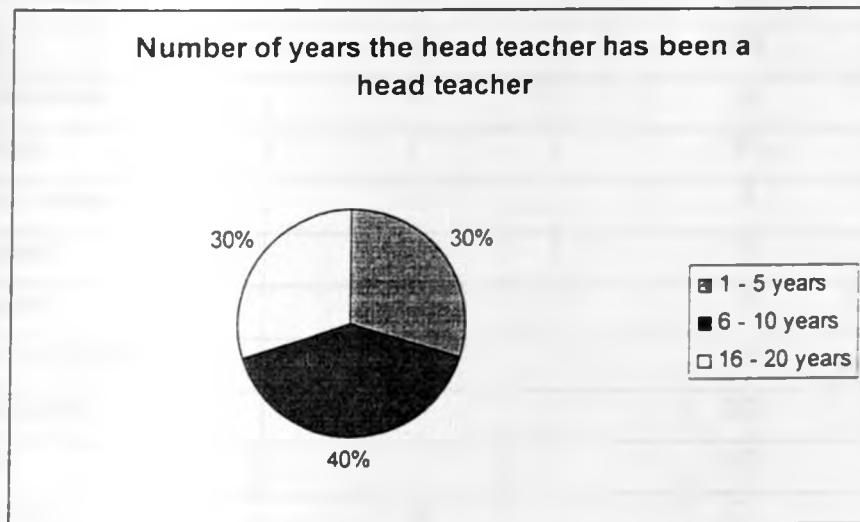
70% of the schools in the study were day schools while 30% were boarding schools (figure 9).

Figure 10: Number Of Years Head Teacher Has Been Teaching



Of the heads of the school involved in this research, 70% had been teaching for between 21 – 25 years while 30% had been teaching for 11-15 years (figure 10).

Figure 11: Number of Years the Head Teacher Had Led



30% of the head teachers involved in this research had been head teachers for 1 to 5 years, 40% for 6 to 10 years while 30% had been head teachers for 16 to 20 years (Figure 11).

Table 22: Headteachers' Awareness of Drugs

Drug	Frequency	Proportion of heads who thought students abused drug (%)
Local brews	2	20
Cigarettes	2	20
Bhang	1	10
Cocaine	0	0
Miraa	1	10
Heroine	0	0
Alcohol (Commercial Beer)	3	30
Kuber	1	10
Total	10	100

All the heads of institution in this study were aware of drug abuse in their schools (Table 22).

Table 23: Headteachers' Awareness of Sources of Drugs

Source	Frequency	Proportion of students who thought this was a source (%)
Other students	4	40
Shop	2	20
Shoemakers	0	0
Siblings	1	10
School workers	0	0
Hospital	0	0
Parents	0	0
Over the school fence	0	0
Local brews	2	20
Touts	1	10
Teachers	0	0
Total	10	100

The heads of institutions (Table 23) also had an idea where the students sourced the drugs. 40% of the heads of institutions thought that students were the major source of drugs.

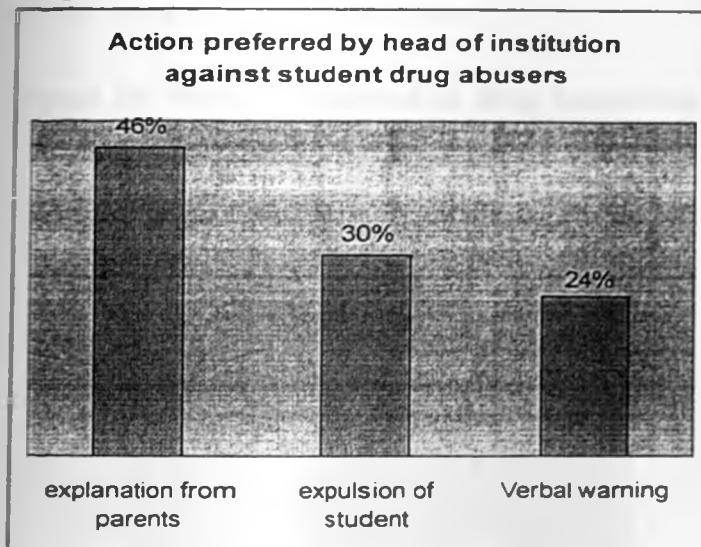
Table 24: Head of School's Opinion on which Class Abused Drugs

Students' Class	Heads Of School Opinion On Which Class Abused Drugs			
	Yes		No	
	Frequency	%	Frequency	%
Form One	3	30	7	70
Form Two	1	10	0	0
Form Three	2	20	0	0
Form Four	4	40	3	30
Total	10	100	10	100

The heads of institution believed drug abuse varied among classes. Only 30% of the heads thought that students in form one abused drugs. 10% of the heads thought that students in form two abused drugs, 20% of the heads thought that students in form three abused drugs while majority of the heads, 40% thought that students in form four abused drugs (table 24).

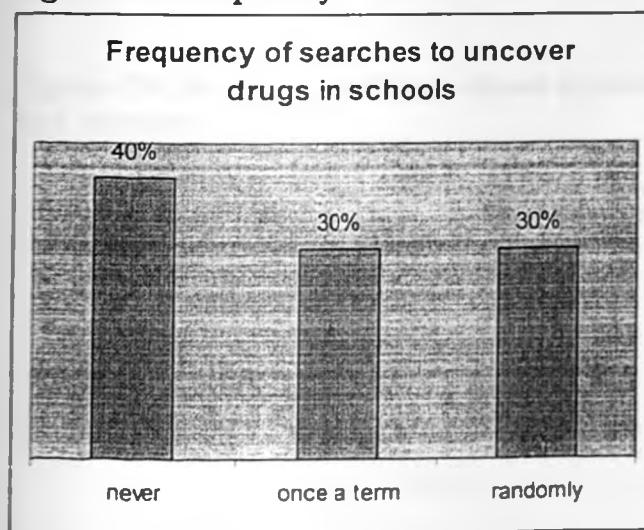
Positively, all the head teachers felt that the incidents of drug abuse were decreasing, though. All heads believed the best methods for discouraging drug abuse was guidance and counseling.

Figure 12: Action Preferred By Heads of Institution against Student Drug Abusers



46% of the heads would demand an explanation from the parents. 30% of the heads would expel the students while 24% of heads would resort to a verbal warning (figure 12). No head of institution would opt to arrest and arraign the students in court.

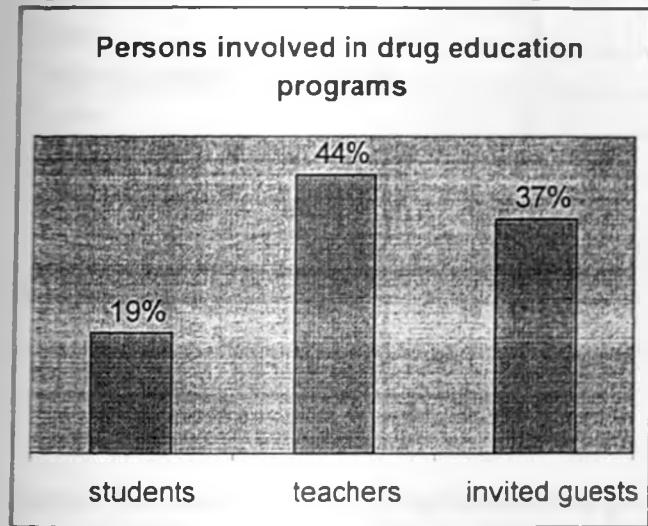
Figure 13: Frequency of searches to uncover drugs in schools



30% of the heads conducted an impromptu search once a term to uncover drug abusers. 40% did not search students at all while another

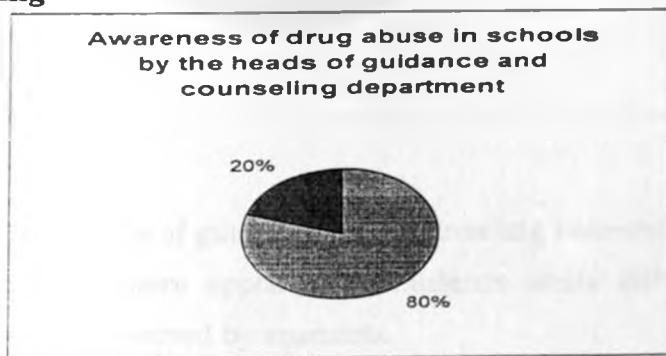
30% carried out several random searches (figure 13). All the schools offered drug education programs.

Figure 14: Persons involved in drug education programs



19% of the heads involved students in these programs, 44% involved teachers, while 37% involved invited guests. No heads involved BOG/PTA members. All the heads thought these drug education programs were fairly effective.

Figure 15: Awareness of drug abuse in schools by heads of guidance and counseling



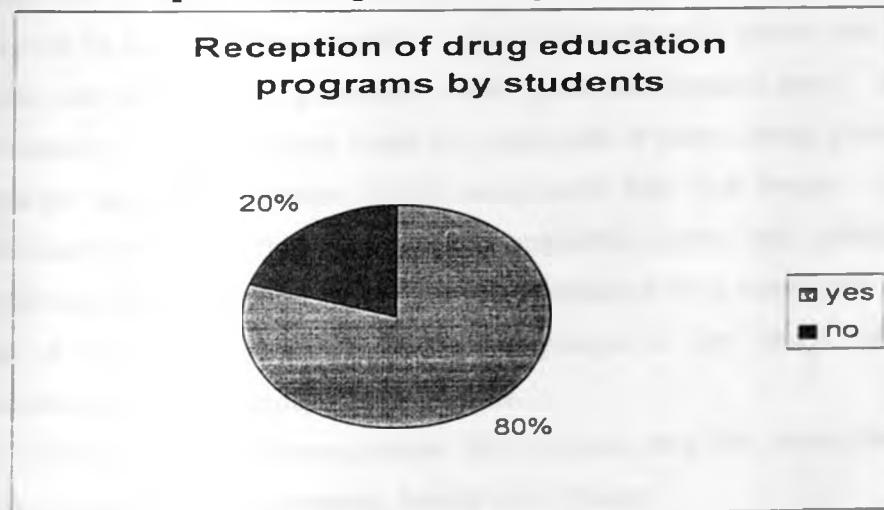
80% of heads of guidance and counseling department were aware of drug abuse in their schools while 20% were not (figure 15).

Table 25: Opinion of Heads of Guidance and Counseling on Drugs Abused by Students

Drug	frequency	%
Cigarettes	1	10
local brews	2	20
Bhang	2	20
Alcohol (commercial beers)	3	30
Kuber	2	20
Total	10	100

30% of the heads of guidance and counseling believed their students drank commercial beers while 20% believed their students took local brews, smoked bhang and used kuber. Only 10% thought their students smoked cigarettes (Table 25).

Figure 16: Reception of drug education programs by students



20% of the heads of guidance and counseling believed that the drug education programs were opposed by students while 80% thought the programs were well received by students.

All heads of schools and heads of guidance and counseling departments had knowledge of the signs of drug abuse, reason why they were able to detect students on drugs.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMENDATIONS

5.0 Introduction

This chapter draws conclusions from the study and makes some recommendations and suggestions for further research. The main focus of the study was to examine the causes of drug abuse among secondary school students in selected schools within Kisumu Municipality.

5.1 Summary of the Findings

As its primary objective, this study sought to establish some of the prohibited drugs that have been abused by public secondary school students in Kisumu Municipality. Drug abuse in this study was defined as the use of drugs for purposes other than therapeutic ones. While in therapeutic use, drugs are used for purposes of cure, drug abusers use drugs to experience certain effects associated with the drugs. Abuse of prohibited drugs in this study was considered from four perspectives; commonly abused drugs by students, if student has ever tried a drug, kind of drugs abused by friends and prices of the drugs commonly available within and around the schools.

The results were conclusive that alcohol was the most frequently abused drug followed by *miraa*, kuber and bhang.

Alcohol was the most commonly abused drug largely because it is sold legally and has attained a commodity status. Most alcohol adverts target men and tend to portray a picture that alcohol drinking is masculine. Those who escaped the allure of alcohol advertisements are captured by the fact that moderate alcohol drinking is good for one's health. But, probably more importantly, alcohol is a very addictive drug so what starts as drinking to improve one's health quickly graduates into a habit and in some cases degenerates into alcoholism.

Cigarettes are also legally sold but its use is not as rampant as alcohol because the students know better. While alcohol is portrayed as not harmful when moderately consumed, any regular use of cigarette is harmful not only to the smoker but to secondary smokers also. Tobacco has been recorded to kill over a million people each year in the United States of America alone. Tobacco is probably the most addictive drug known to man, and this explains why although all facts and figures are known, it is still used.

Bhang, unlike tobacco and alcohol is illegal and this accounts for the low use/abuse.

This study posits that alcohol was the most abused drug by students because of the following reasons:

- Alcohol unlike other drugs does not have a drastic effect on personal health when consumed moderately;
- Alcohol is readily available and it is consumed mainly in pubs and other entertainment centres which have features which students crave;
- Alcohol consumption is more acceptable in the society compared to other types of drugs;
- Alcohol can be easily sneaked into school without detection, for example when mixed with juice or chocolates;
- Most alcoholic beverages have the percentage of alcohol labelled on the bottle. As a result, a student is able to achieve the feeling sought after based on the percentage of alcohol;
- Most beer commercials have very attractive scenes. The people in the advertisements are very happy enjoying their drinks. At the end of the commercial there is always a warning that excessive consumption of alcohol is dangerous to one's health. There is no direct definition of excess. As a result, students take alcohol to experience what they see on television. In the process of experimenting they may get hooked and gradually become alcoholic because there is no clear limit for excess.

The second objective of this study was to investigate the causes of drug abuse. The study was conclusive that the main reason for drug abuse by students was because of peer pressure (Table 11). The majority of the respondents (28.0%) believed that intense peer pressure led to their trying drugs, either to have a sense of belonging or to seem more powerful than their peers. Availability of the drugs, false assumptions such as ability to pass examinations more easily, curiosity, stress related caused, the environment that the students came from, the relatives' behaviour, parental treatment and abuse by fellow siblings were also found to contribute to drug abuse.

The pattern of drug abuse was found to vary by gender. Female students were found to have been exposed to drugs more than the male students (table 13).

Where the students resided also had an impact on whether they abused drugs or not. The respondents stated that the rural setting predisposed them more to drug abuse than the urban setting (Table 8). However, most urban respondents (52.0%) see (table 14) had tried drugs. On the contribution of rural areas to drug abuse, this study posits that:

- Most drugs e.g. miraa and bhang are grown in rural areas and as a result they are more readily available to students;
- Some cultural practices promote the use of drugs, for example, during circumcision ceremonies;
- Most rural dwellers are unaware of the setbacks of abusing some drugs and as a result they continue abusing the drugs and this habit is passed on to successive generations;
- Most rural dwellers are not able to acquire high levels of education due to economic factors. As a result they may not be able to get well paying jobs. Some of them may indulge in drug abuse to pass time and forget their problems.

Children of more educated parents were found to be at a greater risk of abusing drugs (Table 16). In an effort to be more modern and thus

more liberal, affluent parents exposed their children to alcohol and drugs. This relationship between the level of education of parents or guardians to the ultimate abuse of drugs is significant, and this study posits that:

- Parents who have attained a university education are likely to get better jobs than those with a lower level of education. Better jobs means better salaries and as a result of the increase in the amount of disposable income, some of this money is directed to their children who may use it to obtain drugs;
- Parents who are highly educated are more westernised and as a result are more liberal with their children. As a result, their children may misuse their freedom to indulge in drug abuse;
- Most educated parents have white collar jobs which are very demanding in terms of time. As a result, they have minimal contact with their children. Thus, detection of the problems that their children are experiencing is too late sometimes. When a parent cannot provide guidance to children, if they are stressed they fall back on drugs to solve their problems;
- Children born to educated parents are normally under a lot of pressure to follow in their parents' footsteps or acquire the same level of education. If the child's intellectual capacity is not equal to that of their parents, then they resort to drug abuse to forget the tension caused by not measuring up to their parents' expectations;

The third objective of this study was to identify the source of drugs for students. In addition, the study also sought to examine the role of teaching, non teaching staff and the school neighbourhood in assisting students to access drugs (Table 10).

Fellow students and local brewers were found to be the greatest source of drugs abused by students. 29.3% of the respondents indicated that they sourced the drugs from fellow students. Others indicated that they got them from the neighbourhood shops including from shoemakers, school workers, touts, teachers, *boda boda* cyclists, and even the

hospitals. In fact, one respondent indicated that he regularly got supplies from a policeman. Another significant source was from older siblings. From these sources the students distributed the drugs to fellow students and this is the reason why students are the greatest source of drugs.

Thus, these findings indicate that students are the greatest source of drugs to fellow students. Students influence each other a lot during their teenage years and this explains the transmission of drugs within this group. Local brews are among the cheapest drugs abused by students. Drinks such as busaa and changaa are sold for as little as ten Kenya shillings and this explains why most students source the drugs from local brewers.

Shops supplied students with cheap alcoholic spirits, cigarettes and miraa. Though these commodities are traded legally, shopkeepers have been accused of not observing the age limit plus selling liquor without a licence.

People around the school, touts and *boda boda* cyclists supplied students with bhang, kuber and cigarettes.

The last objective of the study was to examine measures taken by heads of schools and heads of guidance and counselling departments to combat drug abuse. It was discovered that 100% of these members of staff were aware that their students abused drugs. Since they had confirmed the use of drugs in their institutions, most of them had put in place measures to curb the vice.

According to the findings, all heads believed that the best method for discouraging drug abuse was guidance and counselling. However, if they found students abusing drugs, none of them would arraign them in court. It is also significant to note that only 30% would expel the student. The rest would either opt to get an explanation from the students' parents or resort to verbal warnings (figure 12).

On due diligence, it was noted that almost 40% of the heads never conducted impromptu or scheduled searches for drugs in the schools and it was therefore easy for the habits to go undetected or unchecked for long periods of time, leading to addiction. Positively, we can note that the

remaining 60% carried out impromptu and scheduled drug searches which helped to contain its availability and abuse.

All the schools offered drug education programs. 19% of the heads involved students in these programs, 44% involved teachers while 37% involved invited guests. No heads involved the PTA or the BOG.

With regard to the heads of the guidance and counselling departments, the study submits that all the heads of these departments believe that the drug education programs had been fairly effective. Their indicator for this was that there had been a drop in the incidences of undesirable behaviour among students that had been counselled.

It should also be noted that from the student respondents, 21.3% indicated that guidance and counselling was the best action on any student found abusing drugs (Table 20). Others indicated warning by the head teacher, sending a student home to bring a parent, and 6.7% indicated expulsion from school while an insignificant number opted for suspension, open rebuke by the principal and punishment to work in the school compound. Only one respondent indicated handing over to the police although this was not one of the choices.

These findings indicate that all schools have rules and regulations that curb the abuse of drugs in schools and there exists some form of punishment for users.

5.2 Conclusion

This investigation revealed that secondary school students in Kisumu Municipality abuse a wide range of substances, though the magnitude of abuse varied with types of substances. In this respect the substances they most commonly abused were social drugs like alcohol, bhang, miraa, kuber as well as indigenous alcoholic drinks.

The investigation also revealed that substance abuse differs with gender with more females having tried drugs (Table 13). This contradicts the National Baseline Survey on substance abuse by NACADA which found that more males than females are more likely to have used drugs.

The majority of respondents however believed that the greatest abusers were boys, (Figure 4).

Contrary to common assumptions, the investigation revealed that substance abuse is widespread and cuts across all social groups. A great majority believed that rural setting contributed to drug abuse by students and this was because the main drugs abused in the rural areas were local brews which are within the reach of the students. The urban setting on the other hand was thought to have a minimal contribution to drug abuse because of sensitization and greater vigilance by security agents, (Table 8).

The study also revealed that boarding schools greatly contributed to drug abuse by students (12.0%) see Table 8. These findings do not agree with pathfinder's international report (Daily nation September 17th 2001) which stated that the use of drugs was more wide spread among day school students than boarding schools.

Fellow students were the greatest source of drugs abused (29.3%) followed by local brewers and the shops both at 14.7% (see table 10).

Peer influence was found to be the major cause of drug abuse by students. This view is also upheld by Thurunju (2004) and Kariuki (1998) who stated that identification with a drug abusing peer group is a powerful agent of subsequent drug abuse.

5.3 Recommendations

The following recommendations are made for consideration by the various stakeholders in education:

Guidance and counselling should be strengthened in schools in order to curb drug abuse among students. A teacher counsellor is a very important person in any institution. He/she must interact with students as well as his fellow teachers to get information on any crisis. In addition most of the students believed that guidance and counselling was the best course of action to be administered to the students who abuse drugs, they might just have a point.

Society should be sensitized on drug abuse as an emerging issue. Government should organize talks in schools to teach students about abuse of drugs.

Parental guidance on drug abuse should be emphasized. This is due to the fact that almost half of the respondents believed that parental influence contributed to drug abuse. Parents should be good role models to their children and not abdicate their roles to teachers. Charity begins at home.

The government should introduce the study of drugs as a compulsory course in schools. This would make the students more aware of the dangers associated with the vice. Drug and substance education should be made part of the curriculum, since prevention is better than cure.

Peer influence is one of the major contributors to drug abuse. This influence should be checked in schools. However, peer counselling that seems to be bearing fruit in schools should be strengthened. Students are more free with their peers than with their teachers so the teachers should ensure that the students have accurate and up to date information to pass to their peers.

Impromptu searches should be conducted in school to determine students keeping drugs and selling or giving to others. Thorough searches should also be done on opening days especially for boarding schools. In most cases students arrive at school at the beginning of a term with these substances.

Strict disciplinary measures should be enforced by teachers in students to curb the vice. Mere verbal warning and punishment to work in the school compound is too light to bring about the desired change. Affected students should not be stigmatized by other students.

More rehabilitation centres should be set up to rehabilitate students hooked to drugs. Learning institutions should work hand in hand with the centres to help the affected students.

Parents with children in secondary schools should avoid giving excess pocket money to their children as this ends up in drugs. This can be exchanged for love and guidance from parents.

Government should take stern action on drug dealers or those who avail drugs to students.

Schools should set aside days to provide drug education to students on termly basis to sensitise on effects of drugs to avoid students getting hooked.

In this study, it emerged that most students who were regular abusers of drugs appreciated the need to divorce drugs from school as most of them only consumed drugs during school holidays. This implies that parents should take their responsibility of child rearing seriously as closure of schools implies consumption of drugs. Parents should not abscond their duties as parents.

5.4 Suggestions for Further Research

The study was confined to Kisumu municipality and therefore cannot be used to make generalizations to the whole country.

If the issue of drug abuse among students in schools in Kenya is to be clearer, a larger sample would be required. This would reveal the possible facts and reasons why students abuse drugs. This study should include the opinions of major stakeholders like parents, ministry officials and workers in schools who were not included in this research.

A further study is required to investigate the effects of drug abuse on the students' academic achievement and discipline. This is because it has been found that students on drugs perform poorly in school and have discipline problems. This allegation needs to be confirmed through a related investigative study.

More research should be done to find out why students are the greatest source of drugs to fellow students. This is because students influence each other a lot during their teenage lives.

Research should be done to find out why the older the student, the greater the possibilities of doing drugs as it emerged from the study. While those above eighteen are legally allowed to use certain drugs, age limit should not be a barrier to drug abuse in schools. This area needs further research to determine why older students abuse drugs.

BIBLIOGRAPHY

- Allardye, J; *CCTV to Fight Rise in Drug Abuse in School*. Times (UK) 16th November 1999.
- Amayo, G.N., (1993). Towards Tobacco-Free World through Health Services, paper presented in the 1993 world wide No tobacco Day Celebration.
- Bandura, A., (1977) *Social Learning Theory* New Jersey Prentice Hall.
- Borg, R.W and Gall, M.D (1975) *Educational Research. An introduction* New York: Daniel Mackay Company.
- Charles, F.Levinthal, (1996) *Drug Behaviour and Modern Society* 2nd Edition, Boston.
- Chesile, E.W., (1996) Drug Abuse in Secondary School by Students (A Case Study on Secondary School in Lugari Division of Kakamega District, PGDE Project, Kenyatta University.
- Chowdhury, A. N., (1995) *An Ethnographic Account of Opium Consumers of Rajasthan (India): Socio-Medical Perspective*, Ganguly, K.K; Sharma, H.K. and Krishnamachari, K.A.V.R.Addiction 90:9-12.
- Coggans N. Mckellar S (1994). *Drug Use Amongst Peers: Peer Pressure or Peer Preference' Drugs Education, Prevention and Policy.*
- Cohen, A., (1985) *Delinquent Boys: The Culture of the Gang*, London, Free Press.
- Cohen, L. and Marriion, L., (1986) *Research Methods in Education* Groom Helm.
- Cohen, L., (1976) *Educational Research in Classrooms and Schools - Planning for Competence*. New York. Macmillan Publishers.
- Daily Nation, (2003). Dealing in Drugs is like Dicing with Death; Nairobi.
- David, K. and Moore, W., (1945) Some Principles of Social Stratification, *American Sociological Review*.
- Duke, LD (1989), School Discipline plans and quest for order in American Schools.
- Ezewu, E., (1983) *Sociology of Education*, London: Longman Group Essex.

- Fafunwa, A.D (1971) Roots of Indiscipline in School and Society.** Nigeria; Lagos Kaduna publications.
- Ferguson, A., (1988). Schoolgirl Pregnancy In Kenya.** Nairobi, Kenya, Ministry of Health, Division of Family Health, March 1988.
- Harambos, M. and Holbourn M., (1990). Sociology, Themes and Perspectives** 3rd Edition, London: Collins Educational.
- Johnstone, T (2000) Adolescent Drug Abuse in Kenya; Impact on Reproduction Health,** Nairobi: New world printer.
- Julian, J (1977) Social Problems** (2nd ed) University of Nebrasks, Prentice Hall, Inc New Jersey.
- Kanini, Y., (2004). A Study of Drug Abuse in Public Boarding Secondary Schools in Nairobi** unpublished M.ED thesis U.O.N.
- Kanja, P.W., (2001). Factors Leading to the Increase in Undesirable Social Behavior among Students in Selected Nairobi Secondary Schools;** Unpublished Theses, Nairobi; Kenyatta University.
- Kendel, D.B (Ed) (1978) Antecedents of Alcohol in stages of Drug Abuse: A Development Analysis:** New York: John Wiley.
- Kerachio, B., (1994). Drug Abuse.** Nairobi: Uzima Press.
- Kombo, D. K.. (1988). Factors Influencing Students Poor Performance in K.C.E among Harambee Secondary Schools in Kathiani Division of Machakos Distrct.** Unpublished M.Ed Thesis. Kenyatta University.
- Kombo, D.K., (2005). Sociology of Education,** Nairobi. Ad print publishers.
- Kyriacou, C., (1986). Effective Teaching in Schools.**
- Merton, K and Nisbert, R (1971) Contemporary Social Problems** (3rd ed). New York: Harcourt Brace 50 Vanovich.
- Midigo, A (2002), March issue)** Why Young People Are Hooked into Drugs. Today in Africa.
- Mugenda, D.M. and Mugenda. A.G., (1999). Research Methods** Nairobi Act Press.
- Nacada (2004) Youth in Peril – Alcohol and Drug Abuse in Kenya.** Nairobi NACADA.

- Namwonja, G.T** (1993) "The Role of Peers in Drug Use among the Youth: A Study of College Students in Nairobi. Unpublished. M.A. Thesis, Department of Sociology UoN.
- Ndegwa, C.M.,** (1998). Drug Problem in Our Schools unpublished report for Kenya National Committee for Drug Education.
- Nowlisch, H.,** (1975). *Drugs Demystified*, Belgium the UNESCO press.
- Okech, D.P.,** (1997). Drugs and Prevention in School Unpublished study for UNESCO.
- Orodho, A .J.,** (2003). *Essentials of Educational and Social Science Research Methods*. Masole Publisher.
- Orodho, A. J.,** (2003). Statistics Made User Friendly For Education And Social Science Research. Masole Publisher.
- Otsinde, M.C.,** (1991). *In Search Of Peace with God*, Shirikisho Publishers, Nairobi.
- Pudo, M. W.,** (1998). *Let's Talk about Drug Abuse* Kisumu Global Bookmen Publishers.
- Regoli, R.M. and Hewitt, J.D.,** (1994). *Delinquency in Society – A Child Centred Approach* McGraw-Hill Inc.
- Report of the Task force on Students Discipline and Unrest in Schools,** 2001.
- Smelser, N.,** (1973). *Sociology - An Introduction* New York: John Wiley.
- Sussman, S & Johnson, C (Eds)** (1996) *Drug Abuse Prevention Program and Research Recommendations*. American behavioural scientist.
- Tattum, D** (1982) *Disruptive Pupils in Schools and Units*: New York: John Wiley and Son Ltd.
- Tattum, D (Ed)** *Disruptive Public Management*: London, David Fulton.
- The Big Issue**, East African Standard July 21st 1991, September 3rd 2003.
- The Daily Nation** July 18th 2000, July 17th 2002
- The East African Standard**, January 19th, 2004.
- Thorndike, R.L and Ladd R** (1963), *The Concept Of Over And Underachievement* New York: Bureau of Publications, Teachers College.

Wangeri, T., (1986). A Special Study of Discipline Problems Affecting Secondary Schools in Thika, unpublished M.ED thesis Kenyatta University.

Wiersma, W (1985) *Research methods in Education. An introduction*. London; Allyn and Bacon Inc.

Wolmer, C (1990) *Drugs in England*: Wayland publishers Ltd

APPENDICES

APPENDIX ONE

AN INVESTIGATION INTO THE CAUSES OF DRUG ABUSE

STUDENT QUESTIONNAIRE

Dear respondent,

I would like you to spare some of your precious time and respond to the following questions. Please note that you will have contributed a great deal to the success of this study as well as my study. The information obtained will be treated as confidential and shall be used for the sole purpose of this research. The result of this study will also enhance appropriate approach to students who abuse drugs.

Thanking you in advance.

INSTRUCTION

Please indicate the correct response by ticking on one of the options where applicable. Kindly respond to all the questions

1 School: -----

2 Age 14-17 () 18-20() 21-25 ()

3 Gender Male () Female ()

4 Where do you live

Rural area () Urban area ()

5 With whom do you live at home?

a) Father ()

b) Mother ()

c) Both parents' ()

d) Grandparents ()

e) Sisters ()

f) Brothers ()

g) Guardian ()

h) Other specify ()

6 What is the current occupation of your parent(s) guardian(s) e.g.
farmer teacher nurse e.t.c?

7 What is your parents, guardian highest level of education?

Level	Father	Mother	guardian
Primary			
Secondary			
College			
University			

8 Show by ticking in the appropriate box which of your family members abuses drugs and which drugs they abuse.

Relationship	Alcoholic beverage	Cigarettes	Bhang	Miraa	Other drugs
Father					
Mother					
Brother					
Sisters					
relatives					

9 Would your parents /guardian approve if you did the following?

Show by a tick where applicable.

	YES	NO	I DONT KNOW
Drunk alcoholic beverages			
Smoked cigarettes			
Smoked bhang			
Took other drugs			

10. Show by ticking how the following socio-economic issues have contributed to drug abuse by students. (please tick one)

	Minimal	Very much	
Broken family			

Poverty			
H.I.V Aids			
Parental influence			
Day school			
Boarding school			
Media			
Availability of cash			
Rural setting			
Urban setting			
Curiosity			

11. Are you aware that some students in your school abuse drugs?

Tick one

Yes () No ()

12. Of the prohibited drugs below, indicate using a tick the drugs you think are most commonly abused in your school.

- i) Bhang ()
- ii) Alcohol ()
- iii) Cocaine ()
- a. Glue ()
- b. Kuber ()
- c. Miraa ()

13. From where do students obtain the drugs they abuse? Tick the appropriate response.

- From other students ()
- From the shop ()
- From the shoemaker ()
- From school workers ()
- From hospital ()
- From parents ()

From the school fence ()
From the local brewers ()
From the touts ()
From the teachers ()
From the *boda boda* men ()
Other sources please specify
.....
.....

14. Which of the following reasons do you believe encourage students to abuse drugs: *Tick one*

Reason

- Calm themselves down ()
- Believe they will pass examination ()
- To have a sense of belonging ()
- Their parents abuse drugs ()
- Their friends abuse drugs. ()
- Bad treatment at home ()
- Their brothers /sisters abuse drugs ()
- For curiosity ()
- Part of growing up ()
- Most drugs are readily available ()
- They have money to purchase them ()
- Believe that drugs are not as dangerous as people make them appear ()
- Believe drugs enable one to forget his/ her suffering. ()
- Not all drugs are harmful to ones health. ()
- For treatment ()
- Others (specify)

15. Have you ever tried any drug? Yes () No ()

16. If your answer to question (15) above is yes, which of the following drugs did you try: Tick the appropriate answer.

	YES	NO
Alcoholic beverages		
Bhang		
Cigarettes		
Miraa (Khat)		
Others (specify)		

17. How many of your close friends in this school abuse drugs?

None () 1-3 () 4-10 ()

18. Which of the following drugs are abused by your friends?

Kind of drugs	YES	NO
Local brews(beer, busaa, chang'aa)		
Bhang (Marijuana)		
Cigarettes		
Cocaine		
Miraa (Khat)		
Heroin		
Commercial beers(beer, whisky)		

19. When you are together with your friends, which of the following makes you do something? **Tick one**

- You decide what you do and what you are going to do. ()
- You do whatever your friends decide to do ()

20. Indicate the prices of the drugs commonly available within and around your school.

Kind of drugs	Cost of drugs in Kshs.
Local brews (busaa, chang'aa)	
Commercial beer (beer, whisky)	
Bhang (Marijuana)	

Cigarettes	
Cocaine	
Miraa (Khat)	

21. How often do you consume drugs? Tick one

- Daily ()
- Wherever I feel like ()
- Whenever I get them ()
- Weekends only ()
- During school days only ()
- During the school holidays only ()
- I cannot remember ()
- Others (Specify)

22. Which of the following do you think should be done to a student found abusing drugs?

- Warned by the head teacher ()
- Punished to work in the school compound ()
- Openly rebuked by the principal ()
- Sent home to bring parent/guardian ()
- Suspended for sometime ()
- Expelled from school ()
- Others (specify)

23. Between boys and girls who would you say abuses drugs most.

Girls ()

Boys ()

- ii) If there exists a difference between the extent of drug abuse among girls and boys, what reasons would you attribute to this? Give your reasons clearly.

.....
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.....

24. In the blank spaces, list down measures the following people have taken to prevent drug abuse in your school.

1. Head teacher

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.....
.....
.....

2. Parents

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.....
.....
.....

3. Students

.....
.....
.....
.....

4. Others (Please specify)

.....
.....
.....
.....

25.What would you recommend to be done to eradicate drug abuse among students in secondary schools in Kenya?

- END -

Thank you very much for responding to this questionnaire

APPENDIX TWO

Questionnaire for Head of Guidance And Counseling Department

Dear respondent,

I would like you to spare some of your precious time and respond to the following questions. Please note that you will have contributed a great deal to the success of this study as well as my study. The information obtained will be treated as confidential and shall be used for the sole purpose of this research. The result of this study will also enhance appropriate approach to students who abuse drugs.

INSTRUCTION

Please indicate the correct response by ticking on one of the options where applicable. Kindly respond to all the questions

- 1 Name of school: -----

2 Gender: male () female ()

3 Age: 25-30 () 31-40 () 41-55 ()

4 Teaching experience 1-5 () 6-10 () 11-15 ()
16-20 () 21-25() 26-30 ()

5 How many years have you been in the current station?
1-10 () 11-15() 16-20 () 21-25 ()

6 Are you aware of any students who abuse drugs in your school?
Please tick one
Yes () No ()

7 Tick the commonly abused drug by students?

Kind of drug	YES	NO
Cigarettes		
Local brew (<i>Chang'aa, busaa</i>)		
Cocaine		
Miraa		

Heroin		
Commercial beer(beer whisky)		
Kuber		
Bhang (Marijuana)		
Others (specify)		

8 State the methods by which students obtain the drugs they abuse.

Please tick

- From other students ()
 - From the shop ()
 - From the shoemaker ()
 - From school workers ()
 - From hospital ()
 - From parents ()
 - Over the school fence ()
 - From the local brewers ()
 - From the touts ()
 - From fellow teachers ()
 - From the *boda boda* men ()
 - Other sources please specify ()
-
-
-

9 What are the signs of students who abuse drugs?

.....

.....

.....

.....

10 Students of which form are most likely to abuse drugs?

Form one () Form Two () Form Three () Form four ()

11 In your opinion is the drug problem in schools on the increase.

Yes () No. ()

12 Give reasons for your abuse above.

.....
.....
.....

13 What problems has your school experienced as a result of drug abuse?

.....
.....
.....
.....

14 What methods are used for discouraging drug abuse in your school?

- Verbal warning ()
- Corporal punishment ()
- Guidance counseling ()
- Explanation from parents ()
- Arresting and arranging students in court ()
- Expelling those involved ()
- Others (specify) ()

15 What effects have those methods had on students?

.....
.....
.....
.....

16 What challenges have you encountered while addressing drug abuse related problems in your school?

- Opposition from students ()
- Opposition from teachers ()
- Opposition from parents ()
- Opposition from B.O.G/PTA ()
- Others (Specify) ()

17 Where do you think students hide the drugs?

.....

.....

.....

.....

.....

18 What drug education programs have been put in place in your school to curb drug abuse?

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.....

.....

19 List down measures taken by the following people to prevent drug abuse in your school.

a) Head Teacher

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.....

.....

.....

.....

.....

.....

b) Parents

.....

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.....

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.....

Students

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.....
.....
.....
20 To what extent have the programs been effective?

Very effective	
Fairly effective	
Not effective	

.....
.....
**21 Give suggestions on how best you think the schools in Kenya can
address the problem of drug abuse among students.**

.....
.....
.....

END

Thank you very much for responding to this questionnaire.

APPENDIX THREE

Questionnaire Head of Institution

Dear respondent,

I would like you to spare some of your precious time and respond to the following questions. Please note that you will have contributed a great deal to the success of this study as well as my study. The information obtained will be treated as confidential and shall be used for the sole purpose of this research. The result of this study will also enhance appropriate approach to students who abuse drugs.

INSTRUCTION

Please indicate the correct response by ticking on one of the options where applicable. Kindly respond to all the questions

- 1 Name of institution:-----
- 2 Gender: Male () Female ()
- 3 Age: 25-30, () 31-40, () 41-50. ()
- 4 Category of school: Boys () Girls () Mixed ()
- 5 Teaching experience
 1-5, () 6-10, () 11-15, () 16-20 ()
- 6 How many years in the present station
 1-5, () 6-10, () 11-15, () 16-20 () Over 20 ()
- 7 How many years have you been the head teacher?
 1-5, () 6-10, () 11-15, () 16-20 ()
- 8 Are you aware of some students who abuse drugs in your school?
 Yes () No ()
- 9 Tick the drugs commonly abused by students.

KIND OF DRUG	YES	NO
Cigarettes		
Local brew (<i>busaa, chang'aa</i>)		
Bhang (Marijuana)		

Cocaine		
Miraa		
Heroin		
Commercial beers (beer & whisky)		
Kuber		
Others (specify)		

State the sources of the drugs abused by students.

- | | |
|------------------------------|-----|
| From other students | () |
| From the shop | () |
| From the shoemaker | () |
| From school workers | () |
| From hospital | () |
| From parents | () |
| Over the school fence | () |
| From the local brewers | () |
| From the touts | () |
| From the teachers | () |
| From the boda boda men | () |
| Other sources please specify | () |
-
.....
.....

What are the signs of drug abusers?

.....
.....
.....

12 Who are the students likely to abuse drugs?

- | | |
|----------------|---------------|
| Form one () | Form two () |
| Form three () | Form four () |

13 In your opinion is the drug problem in school on the increase?

Yes ()

No ()

14 Give reasons for your answer above.

.....
.....
.....
.....
.....

15 What problems has your school experienced as a result of drug abuse?

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.....

16 What methods are used in discouraging drug abuse in your school?

Verbal warning ()

Corporal punishment ()

Guidance and counseling ()

Explanation from parents ()

Arresting and arraigning students in court ()

Expelling those involved ()

Others (specify)

17 What effects have those methods had on students.

.....
.....
.....
.....

18 What challenges have you encountered while addressing drug abuse related problems in your school?

.....
.....
.....
.....

19 How many times does the school administration carry out impromptu searches /inspection? Please tick

Once a week ()

Once a fortnight ()

Once a month ()

Once a term ()

Randomly ()

Not at all ()

Others (Specify)

.....

20 What are some of the rules and regulations the school has on drug abuse?.....

.....

21 Where do you think students who abuse drugs hide the drugs?

.....

22 Does your school offer drug education programs to students?

Please tick

Yes () No ()

23 Who are the people involved in the drug education programs?

Student ()

Teachers ()

Invited guests ()

Members of B.O.G, P.T.A ()

Others (specify)

.....

24 To what extent have your programs been effective? Please tick one

Very effective	
Fairly effective	
Not effective	

25 Give suggestion on how best you think the schools in Kenya can address the problem of drug abuse among students.

.....
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- END -

Thank you very much for responding to this questionnaire.